

PTC CHECK OR PAYMENT REQUEST

DATE _____

EVENT OR COMMITTEE _____

PAYEE _____ AMOUNT \$ _____

SEND CHECK TO _____
(ADDRESS) _____

HOME WITH CHILD _____ OR ROOM # _____

DATE CHECK NEEDED BY _____

DESCRIPTION OF EXPENDITURE (ATTACH ALL INVOICES OR RECEIPTS)

SUBMIT TO: PATTY URBON
1048 WEST MILL DRIVE
HIGHLAND HTS., OH 44143
440-461-9382

TREASURER'S USE:

CHECK # _____

DATE _____