



  
Please STAPLE ORIGINAL  
INVOICE HERE

<b>TREASURER USE ONLY</b>	
Date	_____
Check #	_____
Amount \$	_____
Category	_____

MAIDU / EXCELSIOR PTC  
**VENDOR CHECK REQUEST**  
& REQUEST FOR FUNDS

DATE: \_\_\_\_\_

PERSON SUBMITTING REQUEST: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

**SCHOOL**

- MAIDU
- EXCELSIOR

MAKE CHECK PAYABLE TO: \_\_\_\_\_

ADDRESS OF PAYEE: \_\_\_\_\_

\_\_\_\_\_

**DISBURSEMENT LOCATION**

**MARK ALL APPLICABLE**

- |  |   |
|--|---|
| <input type="checkbox"/> Pick-up check at MAIDU OFFICE     | <input type="checkbox"/> Invoice attached             |
| <input type="checkbox"/> Pick-up check at EXCELSIOR OFFICE | <input type="checkbox"/> C. O. D. – Date needed _____ |
| <input type="checkbox"/> Mail to ADDRESS OF PAYEE          | <input type="checkbox"/> Cash Box: Change Fund Out    |

AMOUNT REQUESTED: .....\$ \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_

- *If applicable, attach original invoice to the top, back of this form.*

This form is to be completed by individuals who need PTC committee invoices paid or are requesting funds from the general account for PTC event cash boxes. Please allow adequate time (minimum one week) for processing and Executive Committee approval, if required. Principal review and approval is required prior for all forms submitted by school staff.