

Rodney Thompson Middle School PTO

Purchase Request



Name: _____

Phone: _____

Date Submitted: _____

Project/Reason for purchase:

Date Needed: _____

Check Payable to: _____

Projected/Exact Amount:

Address of Payee (*if no bill attached*)

If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.

Approved by (PTO Officer) _____ Date _____

Approved by (PTO Officer) _____ Date _____

Debit Card? Y N Check #

Date Paid:

Receipt attached? Y N

