Queen of Apostles School - PTO Purchase Requisition Form

Date:		Requester/Preparer:	
Department/Organiz	zation/Fund:		
Vendor Name:			
Description:			
Cost:	Event Date:	Date Check Needed:	
	Check here if this	s will be invoiced to us by the vendor.	
	Check here if you	u would like to have this check returned to y	ou.
	Check here if you	u would like to have this check mailed.	
	Return approved	form to the preparer (to place order).	
		Check here when order has been placed.	
If the information in	n this box is on an attached invoice, y	you do not need to transfer it to this box, just ch	eck here:
Check Paid to:		 Phone:	
Street Address:			
City:	State:	Zip:	
Memo Line of Chec	k:		
	(acct. :	#, reference #, invoice #, reimbursement, etc.)	
APPROVED BY	Jodi Reagan, Principal	DATE	
	Jodi Reagan, Principal		
APPROVED BY		DATE	
	Kate Lenn, PTO Treasurer		
Account / Code:	PTO		