

CAREY RIDGE ELEMENTARY PTO PURCHASE AUTHORIZATION

Date _____

Invoice Number _____

Requested By _____

Payee _____

Other Comments / Instructions:

Method of Payment: _____ Remittance upon receipt of invoice
 _____ Pre-issued check
 _____ Reimbursement upon receipt of receipts

ITEM DESCRIPTION	QTY.	UNIT COST	TOTAL COST

Budget Category _____

Total: _____

Authorized Signature _____

*** Requests involving expenditures beyond a program's budget need to be approved by the general PTO Membership and/or the Executive Committee.

Check No. _____

Check Date _____

Check Amount _____

PLEASE RETURN THIS FORM ALONG WITH ORIGINAL RECEIPTS TO THE PTO PRESIDENT FOR APPROVAL.