Classroom Assistance Request Form

Burton Elementary School PTO

Payee:	For Treasurer Use
Address:	Check No.
	Date of Issue:
Date Requested:	Amount of Check:
Requested Amount:	

Budgeted Categories: Classroom Assistance

Date	Description	amount
		TOTAL $

Please attach **ORIGINAL** receipts for all expenses.

Approved by:

Treasurer (print name)	Signature	Date
PTO Officer (print name)	Signature	Date