

St. Bonaventure Catholic School

PRO Check Request Form

2015-2016 School Year



_____ Grade
 _____ Special Event Expense
 _____ Bulldog Store

Date of Request: _____
 Contact Information: Name _____ Phone # _____
 Check Payable To: _____

**** Receipts and/or supporting documentation required for reimbursement ****

Description / Reason for Request	Amount
	\$
Total Due	\$

(Please Check 1 box)

Check to be sent in child's backpack

If back pack, the Grade, teacher and name of Child: _____

Check to be picked up in office

If office, pick up name on envelope: _____

REQUIRED SIGNATURES FOR PROCESSING:

Event Leader/Room Parent: _____

Approved PRO Vice Pres: _____

Approved PRO Treasurer: _____

Approved PRO President: _____

PRO USE ONLY	
Check # _____	Ck Date _____
Amount \$ _____	