



SAINT MARY
OF THE IMMACULATE CONCEPTION SCHOOL

St. Mary PTU CHECK REQUEST

Request Date: _____

Requested by: _____

Amount Requested: _____

Required Payment Date: _____

Pay to: _____

Address: _____

City, State, Zip: _____

Reason for Payment:

Requests can be submitted via the email: saintmaryptu@gmail.com or sent in to the school in a sealed envelope addressed to the attention of PTU. All receipts/invoices need to accompany this form. Checks will be issued only when receipts/invoices have been provided. If you have any questions or concerns regarding this process send them to the PTU email provided above.

PTU Approval: _____

PTU Approval: _____