CHECK REQUEST FORM --- OUES PTO

Date:	Name:	Phone:
Check Payab	ble to:	Amount:
Description	and/or Category:	
Teacher/Gra	ade (for gift or party expenses):	
	Janet Bassingthwaite, PTO TO T	al receipts or invoices to this form, and submit within 7 days to: Treasurer, Old Union Elementary School, 1050 S. Carroll Avenue, Southlake 76092 (Via mail); for Reimbursement folder in the Front Office. Thanks! ar exempt status, <u>OUES PTO cannot reimburse members for sales tax</u> to provide vendors with a copy of our "Texas Sales and Use Tax Permit" t# 1-75-2949157) so sales tax is not charged.
	`	lease contact Janet Bassingthwaite at blj141179@gmail.com.
*Mark one o	option:	No stamped envelope needed as check will be sent from bank).
	check in folder in the PTO cart in the school check to payee at address on invoice.	ol office. I will pick up there.
	For Treasurer: Category	Check # Date
		Delivered
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