



OLINDA PTO REQUEST FOR FUNDS

Check One: CHECK PTO DEBIT CARD

Submitted By: _____ Date: _____

Made Payable To: _____ Amount: \$ _____

Committee: _____

Event or Item(s) Purchased: _____

(Treasurer's Use Only)

Check # _____ Date Issued: _____

Debit Card Charge Date: _____

