

PTO Money Request



Mililani 'Ike PTO
95-1330 Lehiwa Dr.
Mililani, Hawaii

96789
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Name:

Grade Level:

Department:

Phone:

Date	Date Needed	Reason / Account	Payee	Amount

Reason For Request:

Comments:

TOTAL AMOUNT:

Authorized By:

Internal Use Only

Amount Paid	Check No.	Date