

HOLLISTON PTO CHECK REQUEST FORM

Please complete the following information and send along with all receipts or invoices to the appropriate treasurer:

Elementary School

Stacey Collins
77 Regal Drive
Holliston, MA 01746
617-271-3114
stacey1818@gmail.com

Middle School

Lisa DiLuzio
54 Tracy Lyn Rd
Holliston, MA 01746
508-429-6052
lisa.diluzio@verizon.net

High School & PTO Board

Joan Shaughnessy
5 Clark Drive
Holliston, MA 01746
508-429-2969
joanshaughnessy7@gmail.com

Date: _____

Request made by: _____

Requestor Contact Information: _____

Date Check is requested by: _____

Provide a detailed description of what the money was/will be used for:

Amount requested: _____

Check made payable to: _____

Please: Mail this check directly to the vendor (include address if not on receipt)
(certain vendors should complete form W-9 or otherwise provide their Tax ID)

- Mail this check to the requestor at _____
- Hold for pickup
- Other

For Holliston PTO Use:

Date Paid: _____

Amount: _____

Check Number: _____

Treasurer Signature _____

Attach a check voucher to this form for the files.