Check Request

YOUR NAME:	PHONE:
	( ) -

PROJECT/CATEGORY:		

DATE SUBMITTED: / /	DATE NEEDED: / /	DATE MAILED: / /

REASON FOR CHECK:

☐ INCLUDED IN ANNUAL BUDGET	or	☐ APPROVED AT MEETING (DATE: / /)

CHECK PAYABLE TO:	AMOUNT: $

ADDRESS OF PAYEE: (if no bill attached)

If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.

APPROVED BY (PTO OFFICER):	DATE: / /
APPROVED BY (PTO OFFICER):	DATE: / /