



CHECK REQUEST FORM

DATE: _____

Request From/Name: _____ Phone: _____

Email address: _____

(circle one) *Parent* *Teacher* *School Staff* *PTSO Board* *Other*

Club/Group/Class: _____

Amount Requested:

\$ _____

Date Needed: _____

Charge to what budget line item?

Make Check Payable to:

If check is to be mailed – provide address: _____

Reason for request/Event: _____

PTSO OFFICER APPROVING CHECK: _____

(Signature)

**** (Please staple all receipts, contracts, etc. to this form. Receipts are REQUIRED for reimbursement.)****

Return this to the PTSO Mail Crate in the SCHS Mail room - Attn: Treasurer

Please e-mail with any questions: ptsotreas@gmail.com

Treasurer's Use Only:

Date of Check: _____

Check number: _____

Comments:
