



CHECK REQUEST FORM

DATE: _____

Request From/Name: _____ Phone: _____

Email address: _____

(check one) Parent Teacher School Staff PTSO Board Other

Club/Group/Class: _____

Amount Requested: \$ _____ Date _____

Needed: _____ (ASAP=up to two weeks)

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)

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

Return this to the PTSO Mail Crate or scan (with backup) and send to ptsotreas@gmail.com

Treasurer's Use Only:

Date of Check: _____ Check number: _____

Comments:

