



# CHECK REQUEST FORM

DATE: \_\_\_\_\_

Request From/Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

(check one) *Parent*                      *Teacher*                      *School Staff*                      *PTSO Board*

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 [treas@southcountyppto.org](mailto:treas@southcountyppto.org)

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### Treasurer's Use Only:

Date of Check: \_\_\_\_\_ Check number: \_\_\_\_\_

### Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_