

Check Request for DVMS Spartan Boosters Inc.

NAME OF REQUESTOR:		PHONE:
PROJECT/CATEGORY: <i>(Circle/Highlight Best One)</i> Concessions Hospitality Spirit Wear Staff Appreciation Fannie May Book Fair Student Recognition Social Media Blood Drive Reading Night PTO Committee Miscellaneous: _____		
DATE SUBMITTED:	DATE NEEDED:	DATE SENT/DELIVERED:
REASON FOR CHECK:		
<i>(CIRCLE/HIGHLIGHT BEST ONE)</i> INCLUDED IN ANNUAL BUDGET APPROVED AT MEETING		
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 with the check.

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

For Treasurer's Use Only: Check _____ Dated _____ Logged _____