



Oak Ridge Elementary
4350 Johnny Cake Ridge Road
Eagan, MN 55122

Check Request

Name: _____ Phone: _____

Date Submitted: _____

Project/Account: _____

Date Needed: _____

Reason for Check:

Check Payable to: _____

Check Amount: _____

Address of Payee (if no bill attached):

If this is a bill that needs to be paid directly to a vendor, please attach the bill/invoice to this form and the PTO treasurer will submit.

Approved by: _____ Title: _____ Date: _____

Approved by: _____ Title: _____ Date: _____

For Treasurer's Use Only

Account: _____ Check # _____ Date _____