

Suffield Elementary PTO

Check Request

Personal Information

Date : _____ Phone: _____

Name: _____

Address: _____

Account Information

Check Payable to: _____ Amount: _____

Date needed: _____ Project: _____

Reason for Check: _____

Address of Payee (if no bill attached): _____ bill attached

Please attach bill to this form and Treasurer will mail it.

Treasurer's Box

Account #: _____

Check #: _____

Dated: _____

Final Details

Approved by (Chairperson or PTO Officer): _____

Date: _____

Submit directly to the PTO Accounts Payable Melissa DeGray at Fmfg.degray@gmail.com