

CHECK REQUEST

(Submit to PTO Treasurer within **7 days** of incurring the expense.)

Name:	
Email Address:	Phone:
PTO Event / Activity:	Date Submitted:
Reason for Reimbursement / Description of Expense:	
<input type="checkbox"/> Included in Annual Budget or <input type="checkbox"/> Approved at Meeting (Date: / /)	
Check Payable To:	Amount: \$
Address of Payee:	

NOTE: Invoice(s), totaling the amount of the check request, must be attached.

Approved by PTO Officer:	Date:
Approved by PTO Officer:	Date:

Treasurer's Use Only: Line Item # _____ Check Number: _____

Check Date: _____ Date Mailed: _____

**** Place Check Request in the PTO Mailbox in the School Office for processing by the PTO Treasurer ****