

CHECK REQUEST FORM



Parent Teacher Organization

Date Requested: _____

Committee to be charged: _____

Amount of check: _____

Date Needed: _____

Event, program, or project supported: _____

Payee: _____

Street Address: _____

City, State Zip: _____

Contact Name / Phone (if applicable): _____

Treasurer Use Only:

Check Number: _____

Date Paid: _____

Committee Charged: _____

Check Delivery Method:
Mail _____ School Office _____ Other _____