



CHECK REQUEST FORM

Date of Request:	
First & Last Name:	
Check Amount \$:	
Make Check Payable to:	
Description of Purchase:	

All requests must have receipts attached and put into the PTO Treasurer's box before May 1st to be considered for reimbursement.

For PTO Treasurer Use Only:	
CHECK #:	CHECK AMOUNT \$:
DATED:	Treasurer's Initials:

