



PTO CHECK REQUEST FORM

Pay to the order of: _____

Amount of check: _____

Send to: _____

Date needed: _____

Budget line(s): _____

Reason for expenditure: _____

Signature of requestor: _____

Attach Invoice or Receipt

Note any special payment instructions or additional explanation below:

For Treasurer's use only:

Date paid: _____ *Check number:* _____