

PTO CHECK REQUEST FORM

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY AND ALL NECESSARY RECEIPTS ATTACHED.

DATE: __/__/__

CHECK AMOUNT \$ _____

DATE CHECK NEEDED BY: __/__/__
drop off form and pick up check.

please only put ASAP if you can make arrangements to

Make Check Payable to: _____

Choose a method of delivery

Mail Check to: Name _____

Address _____

City, State, ZIP _____

Or

Place in mailbox belonging to: _____

This is to cover expense for:

Appropriation category: _____

Requested by: _____

Approved by (event chairperson) _____

Executive Board Member Approval _____

Please leave completed check request in PTO Executive Board mailbox for approval or once approved, in the "Accounts Payable" mailbox or contact:

Jody Feudo

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