



WNPTO 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(s) for:

Appropriation category: _____

Requested by: _____

Approved by (event chairperson): _____

Treasurer Approval: _____

Completed check reimbursement forms may given directly to a Treasurer or left in the

Treasurer's mailbox in the school office.

For questions, contact:

Joy Tewksbury-Pabst - AP Treasurer

Ashley Davis - AR Treasurer

E-mail: treasurer@wnpto.org

For Treasurer's Use Only

Date Paid: _____ Check #: _____ Category: _____