

Check Request Form

Date Requested: _____ Amount: _____

Payable To: _____

Reason for Expenditure (attach any receipts, invoices or payment notifications):

Event: _____

Chairperson: _____

Admin use only: Posted to: _____

Ck Num: _____ Date: _____ Authorized by: _____

Checks over \$1,000 require approval signatures of two PTO Board Members:

_____ Title: _____

_____ Title: _____

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