

LAUREL SCHOOL PTO
Check Request

Your Name _____ Phone _____

Date Submitted _____

Project/Account _____

Date Needed _____

Reason for Check _____

Check Payable to _____

Amount \$ _____

Address of Payee (*if no bill attached*)

Approved by Committee Chair _____ Date _____

If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.

Approved by PTO Officer _____ Date _____

Approved by PTO Officer _____ Date _____

For Treasurer's Use Only

Account _____ Check # _____ Dated _____ Logged _____
