

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 or invoice is 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 _____