

Check Request

Rosemont Ridge PTO

YOUR NAME:

PHONE:

PROJECT/CATEGORY:

DATE SUBMITTED:

DATE NEEDED:

DATE MAILED:

REASON FOR CHECK:

INCLUDED IN
ANNUAL BUDGET

or

APPROVED AT MEETING
DATE:

CHECK PAYABLE TO:

AMOUNT:

\$

ADDRESS OF PAYEE (if no bill attached):

If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.
Attach all back up to this request. A check will not be written without proper backup documentation.

APPROVED BY (PTO OFFICER):

DATE:

APPROVED BY (PTO OFFICER):

DATE:

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____