

Check Request Form

Bureau Valley South PTO

YOUR NAME:	PHONE: () -
CATEGORY:	
DATE SUBMITTED: / /	DATE NEEDED: / /
CHECK IS PAYING FOR:	
<input type="checkbox"/> APPROVED AT MEETING (DATE: / /)	
MAKE CHECK PAYABLE TO:	AMOUNT
NAME OF VENDOR:	

SELECT DELIVERY METHOD:

- Pick up in person from PTO Treasurer/Officer
- Mail check to vendor by PTO (please provide mailing information)

APPROVED BY (PTO OFFICER):	DATE: / /
APPROVED BY (PTO OFFICER):	DATE: / /

For Treasurer's Use Only: Check # _____ Dated _____ Logged _____