

Mashburn Elementary School PTO, Inc.
Check Request Form

Date: _____

Requestor: _____

Email: _____

Phone: _____

Purpose: _____

Budget Line: _____

Check Details:

Make Payable To: _____

Amount: _____

Note: All checks will be returned to the requestor at school unless otherwise noted.

Distribute via Mail: _____ Other: _____

Other: _____

Note: If item(s) have already been purchased, please attach receipt(s). Otherwise, please provide receipts ASAP after purchase. Approval must be obtained on all purchases. Failure to obtain approval prior to purchasing may result in forfeiture of reimbursement.

Chairperson's Approval (if applicable): _____

President's Approval: _____

Date: _____

Treasurer's Use Only

Date Issued: _____ Check No. _____

Budget Line (if different than above): _____

Comments: _____

Treasurer Signature: _____