



Orchard Hills School
Parent-Teacher Organization

Check Request Form

Turn in to Treasurer after attaching receipts and securing signatures

Submitted by: _____ Date: _____

Phone number or e-mail address: _____

PTO Committee/Budget line item: _____

Pay to: _____

Address: _____

Please attach receipts or other documentation for each item. If payment is to a vendor show proof of goods received. List each item separately and state the event to which the expense relates.

| Event / Item Description | Amount |
|--------------------------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total | _____ |

I certify that the above expenses were incurred on behalf of the Orchard Hills PTO in accordance with its budget and bylaws, and with the approval of the Executive Board.

Submitter's signature: _____ Date: _____

PTO Officer's approval: _____ Date: _____

Principal's approval: _____ Date: _____

----- For PTO Use Only -----

Check Date _____ Check Amount \$ _____ Check # _____ Initials _____