

PTO CHECK REQUEST FORM

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY AND ALL NECESSARY RECEIPTS ATTACHED.

DATE: ___/___/___ **CHECK AMOUNT \$** _____

Date Check needed by: ___/___/___ **Please only put ASAP if you can make arrangements to drop off form and pick up check.**

Make Check Payable to: _____

Choose a method of Delivery (checks are generally received faster when mailed)

Mail Check to: Name _____

Address _____

City, State, Zip _____

Place in mailbox belonging to: _____

This is to cover expense for:

Appropriation Category: _____

Requested by _____

Approved by(event chairperson) _____

Executive Board Member Approval _____

Leave completed check request in PTO executive board mailbox for approval or if approved in the "check request completed" mailbox or mail to:

**Kim Kutcher
42 Bachelor Street
West Newbury, MA 01985**

Check request forms will be picked up on Thursday please allow at least 1 week