

T.H. Rogers PTO
Check Request

8/00 pink

Your Name _____ Phone _____

PTO Position/Committee _____ Date Submitted _____

Budget Line Item to be Charged _____

Date Needed _____

Reason for Check _____

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.

Approved by (PTO Officer) _____ Date _____

For Treasurer's Use Only

Account _____ Check # _____ Dated _____ Logged _____
