

# Check Request

Hidden River Middle School PTO

YOUR NAME:		PHONE:
		(       )       -
PROJECT/CATEGORY:		
DATE SUBMITTED:	DATE NEEDED:	DATE MAILED:
/  /	/  /	/  /
REASON FOR CHECK:		
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET	or	<input type="checkbox"/> APPROVED AT MEETING (DATE: / / )
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:
	/  /
APPROVED BY (PTO OFFICER):	DATE:
	/  /

For Treasurer's Use Only: Category \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_