

# CHECK REQUEST

Indian Hills Elementary PTO



<b>YOUR NAME:</b>	<b>DATE SUBMITTED:</b>	<b>DATE NEEDED:</b>
<b>EVENT/FUNDRAISER:</b>		
<input type="checkbox"/> <b>INCLUDED IN BUDGET:</b> <b>OR</b> <input type="checkbox"/> <b>APPROVED AT MEETING:</b> (DATE / / )		
<b>REASON FOR REQUEST:</b>	<b>TOTAL AMOUNT:</b>	
<b>CHECK MADE PAYABLE TO:</b>		
<b>ADDRESS OF PAYEE (WHERE TO SEND THE CHECK):</b>		

\*ATTACH INVOICE OR RECEIPTS (Invoices will be mailed by PTO Treasurer)

<b>APPROVED BY: (PTO OFFICIER)</b>	<b>DATE:</b>
<b>APPROVED BY: (PTO OFFICIER)</b>	<b>DATE:</b>