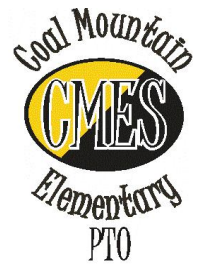


Check Request



Company or Person to be Paid _____

Phone _____ Project/Category _____

Date Submitted _____ Date Mailed _____

Included in Annual Budget _____ OR _____ Approved at Meeting (date) _____

Check Payable To _____ Amount _____

Full Address _____

This section to be completed for Check Request to pay for bill of merchandise or services for the Coal Mountain Elementary School PTO. Bill and/or receipt(s) totaling the amount of check request must be attached. Form must be signed by Committee Head and/or Board Member responsible for project, category or event. Treasurer to mail check to pay unless otherwise indicated.

Authorization

Approved By (Committee Chair)	Date
Approved By (PTO Officer)	Date
Approved By (PTO Officer)	Date

For Treasurer's Use Only: Category _____ Check # _____ Date _____ Logged _____