

Check Request



This form is to be used if payment is needed prior to an event, in advance to pay a vendor or if a bill needs to be paid by the PTO.

Applicable supporting documentation must be attached (i.e. bill, invoice, purchase order, contract, etc.)

Date:	Requested by:
Signature of Requestor and Email:	
Amount:	Date check needed by:
School Activity/Event & Date:	
Payable to:	
Address to be mailed:	
If not mailed, where should the check go?	
Chairperson for Event (if applicable):	

Additional Comments/Notes:

All checks require two signatures, so please allow at least 2 weeks for processing. If request is time sensitive, contact the Treasurer at treasurer@ofrspto.org. Please leave the completed form with attachments in the yellow Treasurer's folder in the PTO mailbox or leave at the Main Office in an envelope marked to PTO Treasurer.

For Treasurer Use Only	
Check # _____	Category of Expense _____
Check Date: _____	Amount \$ _____
Initials: _____	Logged Date: _____