

# FHS PTO Check Request

Request Date: \_\_\_\_\_

Committee Requesting: \_\_\_\_\_

Committee Member Requesting: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Date Check Need by: \_\_\_\_\_

Reason for Payment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method for Delivery of Check: \_\_\_\_\_

\_\_\_\_\_

Please attach all supporting documentation for the expense, such as a price quote, contract, email securing board approval, etc.

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Date Request Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

*PTO Board Member Name and Title*