

Check # _____
(For Treasurer's Use Only)



CHECK REQUEST FORM

Date: _____

Your Name: _____ Phone: _____

Your e-mail address: _____

Date Check Needed: _____

VENDOR	COMMITTEE	DESCRIPTION	\$ AMOUNT

TOTAL REQUESTED: \$ _____

Check Payable To (*if different than requested by above*): _____

Check to be: _____ Sent Home with Child (*indicate name/class in comments below*) _____ Hand Delivered
_____ Left in mail slot at school _____ Mailed (US Mail)

Full Address (*if check to be mailed*): _____

Comments/Additional Information: _____

Signature: _____

For Treasurer's Use Only:

Approved by: _____ Check # _____ Dated: _____

Budget Category: _____

Fouse Elementary PTO
5800 S Old 3C Hwy
Westerville, OH 43082

President/Elissa Hejduk • Treasurer/Katie Grise
fousepto@gmail.com