SWAMPSCOTT MIDDLE SCHOOL PTO

CHECK REQUEST FORM

DATE: _____

CHECK PAYABLE TO: _____

AMOUNT REQUESTED: $_____

PURPOSE: _____

_____

PRINT NAME OF PERSON REQUESTING PAYMENT: _____

SIGNATURE: _____

ATTACH ALL APPLICABLE RECEIPTS AND SUBMIT TO PTO TREASURER

FOR PTO USE ONLY

date:_____

check #: _____

amount $: _____

in the budget? yes_____ no_____

where in budget:_____