

# Check Request

Green Brook PTO

YOUR NAME:		PHONE:	
PROJECT/CATEGORY:			
DATE SUBMITTED:	DATE NEEDED:	DATE MAILED:	
REASON FOR CHECK:			
<input checked="" type="radio"/> INCLUDED IN ANNUAL BUDGET	or	<input type="radio"/> APPROVED AT MEETING DATE:	
CHECK PAYABLE TO:		AMOUNT:	
ADDRESS OF PAYEE (if no bill attached):			

**If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.**

APPROVED BY (PTO OFFICER):	DATE:
APPROVED BY (PTO OFFICER):	DATE:

FOR TREASURER'S USE ONLY: Check # \_\_\_\_\_ Date \_\_\_\_\_ Signed By \_\_\_\_\_