

Check Request

Mars Elementry PTO, Inc.

Your name:		Phone:
Project/Category:		
Date submitted:	Date needed:	Date mailed:
Reason for check:		
Check payable to:		Amount:
Adress of payee:		

*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 Treasurers use only: Category _____ Check # _____ Date _____