

Check Request

MBE Lancer PTO

YOUR NAME:		PHONE: () -	
PROJECT/CATEGORY:			
DATE SUBMITTED: / /		DATE NEEDED: / /	
DATE MAILED: / /			
REASON FOR CHECK:			
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET		or <input type="checkbox"/> 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: Category _____ Check # _____ Dated _____ Logged _____