

## Countryside PTO Check Request Form

1. Please Attach **Original Receipt(s) or Original Invoice(s)** To Check Request Form
2. Please Do Not Pay Sales Tax, It Will Not Be Reimbursed. Please Contact The Treasurer or Assistant Treasurer For A Form If Needed.

You Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

PTO Event: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Reason For Check: \_\_\_\_\_

\_\_\_\_\_

Check Payable To: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Address of Payee (if needed): \_\_\_\_\_

\_\_\_\_\_

Your Signature: \_\_\_\_\_

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### **For Treasurer's Use Only**

Check#: \_\_\_\_\_ Date: \_\_\_\_\_