

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: _____

For Treasurer's Use Only

Check#: _____ Date: _____