

Bear Tavern Elementary School PTO
Check Request

Your Name _____ Phone _____

Date Submitted _____

Project/Account _____

Date Needed _____

Reason for check _____

Check payable to: _____

Amount: _____

Address of Payee: _____

If this is a bill that needs to be paid, attach the original bill to this form and the Treasurer will enclose it with the payment.

Approved by (PTO Officer) _____ Date _____

For Treasurer's Use Only
Account _____ Check # _____ Date _____