

Buckeye Elementary Schools PTO Check Request

Name _____ Phone _____

Date Submitted _____ Amount \$ _____

Activity/Event _____

Reason for Check _____

Included in annual budget or Approved at meeting (date _____)

Check Payable to _____

Address of Payee

Attach all receipts or invoices to check request form.

For Treasurer's Use Only: Category _____ Check # _____ Dated _____