

ANASAZI PTO CHECK REQUEST FORM

Return completed request form along with copies of all receipts or invoices to the PTO Treasurer

Payments will only be issued for check requests made within 30 days of expenditure

Requestor's Name: _____

Date of Request: _____

Requestor's Phone Number: _____

Amount of Check Requested: _____

Check Payable to: _____

Address: _____

(if mailing is necessary) _____

Explanation of Expenses

Include name of committee for which expenses were incurred

Signature _____ Date: _____

*****FOR TREASURER'S USE ONLY*****

Check #: _____

Amount: _____

Date Paid: _____