



CHALLENGE SCHOOL PTCO

Check Request Form

Name: _____ Phone #: _____

Amount \$: _____ Date: _____

Committee: _____

Reason for Check/Description:

Check Payable to: _____

Remit Check: ☐ Mail ☐ PTCO Mailbox (Front Office) ☐ Pick Up

Mailing Address: _____

Please attach the bill, invoice, or receipt to this form and give to the Treasurer. Scan and email copies to challengetreasurers@gmail.com. Please note reimbursements will not be made without appropriate documentation.

Approved by (PTCO Officer) _____ Date _____

Approved by (PTCO Officer) _____ Date _____

For Treasurer's Use Only

Account _____ Check # _____ Dated _____ Logged _____