Little Chute Elementary School Parent Teacher Organization (PTO)



CHECK REQUEST FORM

Requested by :	
Email Address:	
Amount Requested:	
Send to:	
Date of Request:	
Date check needed:	
Please Attach receipts!	
A cash register receipt, invoice, or other relevant documentation must be attached	d to
this form to ensure reimbursement.	
If you do not currently possess a receipt, please indicate below when it will be proto the Treasurer.	ovided
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For Treasurer's Use Only:	
Check Amount:	
Date Paid:	
Check Number:	
Treasurers' Signature:	