

NORTH STONINGTON P T O {CHECK REQUEST FORM}

Your Name:

Phone Number: () -

Form Submission Date: / /

Check Needed By: / /

Budget Line Item Money is Coming From:

Reason for Check:

Make Check Payable:

Check Amount: \$

Address of Payee:

Please check one of the following

☐ Included in annual budget

☐ Approved at meeting

Date of meeting: / /

Which of the following is attached:

☐ Bill

☐ Invoice

☐ Receipt

This check is being mailed to the:

☐ Payee

☐ Committee Chairperson

(If being mailed to chairperson,
please write in the address)

Approved by (Committee Chair Person):

Date Signed:

/ /

Approved by (Treasurer):

Date Signed:

/ /

Treasurer's Use Only

Budget Line Item _____ Check # _____ Dated _____ Logged _____