Check Request

YOUR NAME:			PHONE: () -			
PROJECT/CATEGORY:			(,		
DATE SUBMITTED: / / REASON FOR CHECK:	DATE NEEDED:	/		DATE MAILED:	/	
INCLUDED IN Or ANNUAL BUDGET			APPR (DATE	APPROVED AT MEETING (DATE: / /)		
CHECK PAYABLE TO:				AMOUNT:		
ADDRESS OF PAYEE: (if no bill attached)						
f this is a bill that needs to be paid, at	tach the bill to this form	and the Trea	asurer wil	I mail it.		
APPROVED BY (PTO OFFICER):				DATE:		
ATTHORED DI (LIO OTTIOEN).				JAIL.	/	
APPROVED BY (PTO OFFICER):				DATE:	/	
or Treasurer's Use Only: Category	Check #	Dated		Logged		

