

Check Request

Holland Twp PTO

YOUR NAME:		PHONE:	
PROJECT/CATEGORY:			
DATE SUBMITTED:	DATE NEEDED:	DATE MAILED:	
REASON FOR CHECK:			
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET	or	<input type="checkbox"/> APPROVED AT MEETING DATE:	
CHECK PAYABLE TO:		AMOUNT:	
ADDRESS OF PAYEE (if no bill attached):			

If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.

APPROVED BY (PTO OFFICER):	DATE:
APPROVED BY (PTO OFFICER):	DATE:

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____