

MOHEGAN SCHOOL PTO

Check Request

Your Name: _____ Phone: _____

Date Submitted: _____ Date Needed:

Project/ Event: _____

Reason for Check: _____

Amount \$ _____

Check Payable to: _____

Address of Payee (*if no bill attached*)

* * If this is an invoice that needs to be paid, please attach the invoice to this form and the Treasurer will mail it * *

**Once this form is complete, email to Jen Sylvia
jennifersylviacpa@gmail.com or call (603)454-8301**

Once approved, a check will be issued to the Payee requested and mailed if an address is provided. Otherwise, it will be placed in the PTO drawer in an envelope to your attention.

Approved by (PTO Officer) _____ Date _____

Approved by (PTO Officer) _____ Date _____

For Treasurer's Use Only

Check # _____ Dated: _____ Date Mailed: _____ Logged: _____
