

RMAE PTO
Check Request

Your Name _____ Phone Number _____

Date Submitted _____

Project/Account _____

Date Needed By _____

Reason for Check _____

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 _____

For Treasurer's Use Only

Account/ Budget Area _____ Check # _____ Dated _____

Logged into computer _____