

Springville PTO  
**Check Request**

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_

Project/Account \_\_\_\_\_

Date Needed \_\_\_\_\_

Reason for Check \_\_\_\_\_

\_\_\_\_\_

Check Payable to \_\_\_\_\_

Amount           \$ \_\_\_\_\_

Address of Payee (*if no bill attached*)

\_\_\_\_\_

Your Signature \_\_\_\_\_

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

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For Treasurer's Use Only

Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_

\_\_\_\_\_