

CORNWALL CENTRAL MIDDLE SCHOOL PTO

CHECK REQUEST

Date Submitted _____ Date Needed _____

Name _____ Phone # _____

Address _____

Project _____

Description of Expenses _____

Amount \$ _____

Check Payable To _____

Address _____

Please check one: Check to be mailed directly by Treasurer _____

Check to be sent to person submitting request _____

****Please forward paid bill or receipt to Treasurer.***

Approved By (PTO Officer) _____

Date _____

For Treasurer's Use Only

Date Paid _____

Check # _____

Date Logged _____