

**East Meck PTSO
REQUEST FOR CHECK**

*****Please Attach All Receipts*****

Date of Request: _____

Amount: _____

Payee Name: _____

Address: _____

Address: _____

Phone: _____

Committee Name: _____

Committee Chair's _____

Signature: _____

This form can be left in the PTSO box, but please call/email Sharon Bodrick to let her know it is there, 704-537-0420 (office) or stbodrick@gmail.com

FOR OFFICE USE
Date: _____
Check # _____
Expense Category: _____
Subtotal: _____
Sales Tax: _____
Total: _____

**East Meck PTSO
REQUEST FOR CHECK**

*****Please Attach All Receipts*****

Date of Request: _____

Amount: _____

Payee Name: _____

Address: _____

Address: _____

Phone: _____

Committee Name: _____

Committee Chair's _____

Signature: _____

This form can be left in the PTSO box, but please call/email Sharon Bodrick to let her know it is there, 704-537-0420 (office) or stbodrick@gmail.com

FOR OFFICE USE
Date: _____
Check # _____
Expense Category: _____
Subtotal: _____
Sales Tax: _____
Total: _____