

**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: _____

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

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

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