

# Check Request

## Long Beach Home & School

YOUR NAME:		PHONE: (    )
PROJECT / CATEGORY:		
DATE SUBMITTED: /    /	DATE NEEDED: /    /	DATE MAILED: /    /
REASON FOR CHECK:		
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET	OR	<input type="checkbox"/> APPROVED AT MEETING (DATE:    /    / )
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: /    /
APPROVED BY (PTO OFFICER):	DATE: /    /

For Treasurer's Use Only:

Category: \_\_\_\_\_ Check #: \_\_\_\_\_ Dated: \_\_\_\_\_ Logged: \_\_\_\_\_