



CHECK REQUEST FORM

Pay to the order of:

Amount of check:

Send to:

Date needed:

Event Name or expense category:

Reason for expenditure:

Signature of Officer (1):

Signature of Officer (2):

ATTACH RECEIPTS!!!

Please enclose this form and your receipts in an envelope addressed to "HOLA PTO TREASURER" and return to the school.

Checks will not be written without receipt.

Note any special payment instructions or additional explanation below:

For Treasurer's use only:

Date paid: _____

Check number: _____