

Check Request - Cab Calloway School of the Arts PTSO
(Form is to be submitted to request to pay Vendor)

Your Name _____ Phone _____

Date Submitted _____ Date Needed _____

Project/Category _____

Reason for Check _____

Included in annual budget or Approved at meeting (date _____)

Check Payable to _____

Amount \$ _____

Address of Payee (only needed if Treasurer is to mail the check)

Your Signature _____ Date _____

*****If this is a bill that needs to be paid, attach the bill to this form**.***

Approved by (PTO Officer) _____ Date _____

Given to requestor (date _____) Mailed (date mailed _____)

For Treasurer's Use Only

Category _____ Check # _____ Dated _____ Logged _____