



CHECK REQUEST FORM

1. Thank you for including all receipts / invoices to ensure prompt payment.
2. Thank you for completely filling out the below to ensure prompt payment.
3. Checks are written within 7 business days.
4. Questions? Please ask! treasurer@clespto.org
5. THANK YOU for volunteering!

REQUESTED BY

Your Name: _____ Date: _____
Your phone #: _____ PTO committee: _____
Your e-mail: _____ Amount: _____

PAYABLE TO

Make check payable to: _____

(A) Send home with child: _____
(child's name & teacher's name)

(B) Mail to: _____

(please include city and zip code)

Description of expense:

FOR CLES PTO TREASURER

Date received: _____ Check amount: _____
Date paid: _____ Check number: _____