



CHECK REQUEST FORM
2021-2022 SCHOOL YEAR

Please include Receipts of Items Purchased or Vendor Invoice to be Paid

Date: _____

Amount: \$ _____

Reason for Expense:

Requested by:

Name: _____

Email: _____

Phone: _____

Make Check Payable to:

Name: _____

Address: _____

Phone: _____

Delivery of Check:

School Mailbox Other _____

Signature of Check Requestor: _____

** Please attach a copy of receipt(s) with this request.

** Address the envelope to **Attn: Peggy Wilson, GMRSD PTO Treasurer**