



# Harwood PTO

## CHECK REQUEST

YOUR NAME:	PHONE:
EVENT/ACTIVITY:	
DATE SUBMITTED:	AMOUNT
CHECK PAYABLE TO:	
DESCRIPTION OF ITEMS PURCHASED/SERVICES RENDERED:	

ITEMIZED RECEIPT OR INVOICE MUST BE ATTACHED

PLEASE COMPLETE IF YOU WOULD LIKE THE CHECK SENT HOME WITH YOUR CHILD

CHILD'S NAME:	TEACHER:
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COMMENTS:
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FOR PTO USE ONLY:

DATE PAID:	CHECK NUMBER:
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