Butler PTSO
Check Request Form

Note: This form is required to be completed prior to the issuance of any checks. Attach all invoices and/or supporting documentation.

Requestor Name _____

Date Requested _____

Purpose of Payment _____

_____

Payee _____

Address _____

_____

_____

Budget Category _____

Amount $ _____

Requestor's Signature _____

Board Member's Approval _____

For Treasurer's Use Only	For Auditor's Use Only
Date Paid: _____	Date Audit: _____
Check # _____	Initials: _____
Amount $ _____	