

OLV PTO CHECK REQUEST

CURRENT DATE: _____ DATE NEEDED: _____

CHECK PAYABLE TO: _____

AMOUNT: \$ _____

**Attach detailed, original receipts for all reimbursement items.

REQUESTED BY: _____

Your Name

Your Email Address

PURPOSE/NAME OF ACTIVITY:

Approved by: _____ Date: _____

(Event coordinator)

Approved by: _____ Date: _____

(PTO Treasurer)

Approved by: _____ Date: _____

(PTO President)

Check Number: _____ Date Paid: _____

Account Category: _____