

# Check Request

Sunrise Estates Elementary PTO

YOUR NAME:

PHONE:

(       )       -

PROJECT/CATEGORY:

DATE SUBMITTED:

/       /

DATE NEEDED:

/       /

DATE MAILED:

/       /

COMMITTEE (Include teacher's name if a classroom party):

INCLUDED IN  
ANNUAL BUDGET

or

APPROVED AT MEETING  
(DATE:   /   /   )

CHECK PAYABLE TO:

AMOUNT:

\$

ADDRESS OF PAYEE: (if no bill attached)

If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it.

For Treasurer's Use Only: Category \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_

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