

Lake Bluff Elementary School PTO Check Request

Your Name: _____ Date Submitted: _____

Phone: _____ Date Check Needed: _____

Amount: \$ _____

Make check payable to: _____ Mail check to: Me or Vendor
(circle one)

Name: _____

Address: _____

City/State/Zip: _____

Project/Category: _____

Reason for Check: _____

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

If this is reimbursement for items purchased, please attach a copy of all receipts to form and itemize expenses below.

Store Name	Items	Amount
TOTAL		\$

Your Signature: _____ Date: _____

For Treasurer's Use Only

Category _____ Check # _____ Dated _____ Logged _____