



# Lakeview Elementary School PTO CHECK REQUEST FORM

**OFFICE USE ONLY:**

CHECK# \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

\$\$\$ AMOUNT: \_\_\_\_\_

CATEGORY: _____	Business	_____	Fundraiser
_____	School Donation	_____	School Event
_____	Program Support	_____	Spirit wear
_____	Scrip	_____	Other

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Reimbursement  
(Attach receipts)

\_\_\_\_\_ Pre-payment  
(Attach written bid)

Make payable to: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Approved by: \_\_\_\_\_

**(Requires two signatures, one must be from PTO board)**