

Highcliff Elementary PTO

Check Request Form

Please Attach Receipts

Date of Request: _____

Name of Requestor: _____

Phone Number: _____

Committee: _____

Purpose of Funds: _____

Check Payable to: _____

Check Amount: _____

Date check needed by: _____

Signature: _____

Please return filled out form & receipt to:

Highcliff PTO Treasurer

For Accounting Use: Check # _____ Check # _____ Date _____
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