

HILLSIDE PTO
Check Request Form
(please print)

All checks over \$500 require 2 signatures. Please allow 5 days for this process.
Reimbursement for expenses must be submitted within 30 days.

DATE: _____

Please issue a Hillside PTO expense check as follows:

Pay to the order of: _____

Amount: \$_____

Check distribution (fill in either #1 or #2):

1. **Deliver check in person to:** _____
2. **Mail Check to:**
Name: _____
Street: _____
City: _____ **State:** _____ **Zip:** _____

Project name/explanation of expense (attach receipts)

Names/signature and phone number of individual requesting check:

1. **Name**_____ **Telephone No.:**_____
3. **Signature**_____

Hillside PTO Treasurer Use Only

Check Number _____ Date Paid _____
Paid to (if different from above) _____