



Haine School PTO Check Request Form



Name: _____ Committee: _____

Signature: _____ Date: _____

Payable to: _____ Address: _____

**PLEASE ATTACH ALL RECEIPTS!!!!
No receipt - No reimbursement!!!**

Description:

Store/Vendor (print) Purpose: Amount Check # *

Store/Vendor (print)	Purpose:	Amount	Check # *
Totals		\$	

*For treasurer's use only.