

**DOGWOOD HILL SCHOOL PTO  
CHECK REQUEST FORM**

\_\_\_\_\_ **Check Advance**      or      \_\_\_\_\_ **Check Reimbursement**

Event \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_ **Budget item**

\_\_\_\_\_ **Non-budget item**

Description:

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Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_

ANY EXPENSE NOT COVERED IN THE BUDGET MUST GET PRIOR APPROVAL FROM THE EXECUTIVE BOARD.

PLEASE MAKE A COPY OF THIS FORM. THE ORIGINAL SHOULD BE SUBMITTED TO THE TREASURER. THE COPY SHOULD BE KEPT BY THE EVENT CHAIRPERSON.

Do Not Write In This Space

Date	_____
Check #	_____
Amt	_____

For Official Use Only

**Attach all receipts to the back of this form**