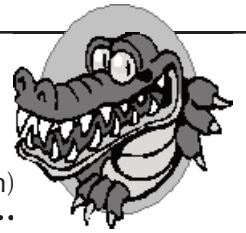


**Davidsonville Elementary School PTO
CHECK REQUEST**



(Please complete both the Payment Information and Accounting Information)
.....

Payment Information

Payable To: _____
Name

Address: _____
Street

_____ *City* _____ *State* _____ *Zip Code*

Amount: _____ Date to be Paid: _____

For: _____

Please describe expense and attach either original receipt or invoice.

.....
Accounting Information

Charge To: _____
Please indicate which PTO activity/committee this expense is to be charged to.

Requestor: _____
Name

Address: _____
Street
_____ *City* _____ *State* _____ *Zip Code*

Telephone: _____

Approved By: _____

Date: _____

Check #: _____