

**East Meck PTSO  
REQUEST FOR CHECK**

**\*\*\*Please Attach All Receipts\*\*\***

Date of Request: \_\_\_\_\_

Amount: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Items Purchased: \_\_\_\_\_

Committee Chair's

Signature: \_\_\_\_\_

FOR OFFICE USE
Date: _____
Check # _____
Expense Category: _____
Subtotal: _____
Sales Tax: _____
Total: _____

This form can be left in the PTSO box, but please call/text Treasurer  
alert it is there, 704-277-6053 (cell) or emhsptso@gmail.com