

# Check Request Form

MARY WOODWARD PSO

\*\*\*\*If you need the check in less than 7 days please mark urgent on the top of this form\*\*\*\*

<b>Committee</b>	_____	*	<b>Date</b>	_____	*
<b>Chairperson</b>	_____	*	<b>Telephone</b>	_____	*
<b>Date Check Required</b>	_____	*	<b>E-Mail</b>	_____	

**Make Check Payable To:** \_\_\_\_\_

## ATTACH ALL RECEIPTS

Itemized expenses:	Description	Amount
	Project Materials	
	Decorations	
	Food	
	Supplies	
	Other	
	<b>Total</b>	

**Committee Chairperson Signature:** \_\_\_\_\_

**REQUIRED FIELDS \***

**REQUIRED FOR PURCHASES/REIMBURSEMENTS GREATER THAN \$500**

**PSO Signature** \_\_\_\_\_

**PSO Use Only**

**Date Paid** \_\_\_\_\_

**Check Number** \_\_\_\_\_

**Budget Category** \_\_\_\_\_