

**Amvet Boulevard Elementary School**

70 Amvet Boulevard, N. Attleboro, MA 02760

Phone: 508-643-2155 • Fax 508-643-2184

**Amvet PTO**

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# CHECK REQUEST FORM

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

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

Date: \_\_\_\_\_

Project/Account: \_\_\_\_\_

Reason for Check: \_\_\_\_\_

\_\_\_\_\_

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

Check Payable To: \_\_\_\_\_

Address of Payee: \_\_\_\_\_

\_\_\_\_\_

(If this is a bill that needs to be paid and mailed, please attach the bill and the treasurer will mail.)

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Accepted by PTO Treasurer: \_\_\_\_\_

Date: \_\_\_\_\_

Cosigned by PTO Officer: \_\_\_\_\_

Date: \_\_\_\_\_

*For Treasurer's Use Only*

Account: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

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

