

Sarah W. Starkweather Elementary School  
1050 Wilmington Pike, West Chester, PA 19382-7300

**CHECK REQUEST FORM**

*Submit To PTO Treasurer at least 2 weeks prior to date needed*

Submitted By: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Committee or Grade/Class: \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

**(To receive payment, supporting documentation MUST be attached, i.e. store receipt, invoice, purchase order, worksheet)**

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

Date Needed: \_\_\_\_\_ Purpose: \_\_\_\_\_

Preferred Delivery Method (*pick up folder, mail-include address, teacher mailbox, other-please specify*): \_\_\_\_\_

**PTO TREASURER USE ONLY**

Date Written: \_\_\_\_\_ Check #: \_\_\_\_\_

Budget Category: \_\_\_\_\_

Tag: \_\_\_\_\_

**PTO PRESIDENT USE ONLY**

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

Check Co-Signed By: \_\_\_\_\_

Next (circle one): mailed      ready for pickup

placed in teacher mailbox    other \_\_\_\_\_

**APPROVAL**

**FOR COMMITTEE MEMBERS**

Please have Committee Chair sign here:

\_\_\_\_\_

**FOR TEACHERS**

Please have Mr. Meanix sign here:

\_\_\_\_\_