

MHMS PTO Cheque Request

Please fill out this request form with as much information as possible. Allow for **2 weeks** for Board response. Board review does not guarantee dispensation of funds.

Date Submitted: ____/____/____

Project / Category: _____

Name: _____ Email: _____ Phone: _____

☐ Included in Annual Budget ☐ Approved at Board Meeting ____/____/____

Reason for cheque: _____

Funding Needed by: ____/____/____ Amount Requested: \$ _____

Details of Expenses: _____

Cheque payable to:

Name: _____

Address of payee (if no bill attached): _____

NOTE: If this is bill that needs to be paid, attach the bill to this form and submit to the PTO Board Treasurer. The Treasurer will mail the cheque.

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Administrative Use Only:

Date Received: ____/____/____

Approved by:

Name: _____

Board Position: _____

Signature: _____

Date: ____/____/____

Name: _____

Board Position: _____

Signature: _____

Date: ____/____/____

If not approved, reason: _____

RefCode: _____

Cheque #: _____

Date: ____/____/____