Byrom Elementary PSO – Check Request Form

Requestor: _____

Today's Date: _____

Amount Requested: _____

Contact Phone Number: _____

Attach invoices or receipts. Only expenses that have been pre-approved by the PSO and have funds allocated for that purpose will be reimbursed. Checks may take up to three weeks for processing.

Name and Address of Payee (if different from requestor and/or requires mailing):
Date Needed By (if needed in less than 2 weeks, contact treasurer directly):

Committee or Event: _____

Reason for check request: _____

_____

_____

(Please designate the teacher and grade if this is for a classroom event or project.)

Authorized by (REQUIRED): _____
(Committee chair, room parent, or relevant Byrom staff)

☐ Send home with student (name *and* teacher) _____

☐ Leave in the office for pickup

☐ Leave in staff mailbox

☐ Mail check to address provided

Revised 9/14