



CUTHBERTSON MIDDLE SCHOOL PTSO

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CHECK REQUEST FORM

Date Requested/Submitted: Requestor's Name:

Phone Number:

Email:

Project/Expense Category:

Amount:

PTSO Approved? Date:

Reason for Check Payment:

Vendor/Supplier's Name:

Invoice Date:

Invoice Number:

Remit to:

Payment Terms:

Check Amount:

Policy: Vendor invoices or purchase orders are required for check payment requests. Approvals must be obtained from the PTSO Executive Board member or authorized officer before check can be issued by the Treasurer. Receipts must be turned in within 7 days of check issuance. Failure to provide receipt or obtain approval may result in processing delays or rejection of reimbursement request.

PTSO Executive Officer Approval:
Name: Date:

All check requests submitted will be processed each week and check payment will be available Friday the following week.

For Treasurer's Use Only:

Check Number: Amount Issued: Charge To: Date Processed: Date Booked:

Comments: Reference No.: