

**HUBBARD WOODS SCHOOL PTO**  
**CHECK REQUEST FORM**

Please complete the following information and place this form with all invoices/receipts in the Treasurer's Folder in the PTO file cabinet in the front office at school. Please note that tax cannot be reimbursed.

Pay To (name and telephone number):

\_\_\_\_\_

Amount (do not include tax):

\_\_\_\_\_

Description of Purchase:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment Due Date:

\_\_\_\_\_

Deliver Check To:

\_\_\_\_\_

Committee Chair Approval (signature): \_\_\_\_\_

Expense To (committee name/category): \_\_\_\_\_

Date Submitted:

\_\_\_\_\_

\*\*\*Attach originals of all vendor invoices/receipts to check request form\*\*\*