

GODWIN HIGH SCHOOL PTSO CHECK REQUEST FORM
2023-2024 Fiscal Year

DATE OF REQUEST: _____

AMOUNT OF CHECK: \$ _____

Check Payable to: _____

Address to mail check to, or other delivery instructions:

Budget Account to be charged: _____

Explanation/Expense details: _____

Person requesting check: _____

Phone Number: _____

Committee Chairperson's Signature: _____

(All requested must be approved by the Chairman of the committee to be charged.)

Contact Meghann Morton (meghannlmorton@gmail.com) with questions.

Treasurer's Use Only:

Check date: _____

Check Number: _____

Check Amount: _____

Entered into Money Minder: _____