

Check Request Form

TIGARD HIGH SCHOOL PSO

Committee: _____

Date: _____

Chairperson: _____

Contact: _____

Please read:

In general, a manual check will be issued and will be delivered to the school for pick up. Please be sure to provide contact information (i.e. phone number or email) so the treasurer can contact you to let you know when the check is available for pick up. If you require a check to be mailed to you, please provide the mailing address below.

Make Check Payable To: _____

Mailing Address of Payee: _____

Itemized expenses:

Description

Amount

Project Materials

Decorations

Food

Teacher Requests

Other

TOTAL

ATTACH ALL RECEIPTS

Special Instructions: _____

Committee Chairperson Signature: _____

PSO Signature (Required): _____

Date Paid: _____

Budget Category: _____

Check Number: _____