



5550 44<sup>th</sup> Avenue South  
Fargo, ND 58104  
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### Check Request

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_ Date Needed \_\_\_\_\_

Project/Category \_\_\_\_\_

Reason for Check \_\_\_\_\_

Included in annual budget or  Approved at meeting (date \_\_\_\_\_ )

Check Payable to \_\_\_\_\_

Amount \$ \_\_\_\_\_

Address of Payee (only needed if Treasurer is to mail the check)

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

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

***\*\*If this is a bill that needs to be paid, attach the bill to this form\*\*.***

Approved by (PTO Officer) \_\_\_\_\_ Date \_\_\_\_\_

Given to requestor (date \_\_\_\_\_)

Mailed (date mailed \_\_\_\_\_)

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For Treasurer's Use Only

Category \_\_\_\_\_ Check # \_\_\_\_\_ Dated \_\_\_\_\_ Logged \_\_\_\_\_

