



# Willard School PTG

## Check Request Form

**Please check one**

Expense Reimbursement

Vendor Check

Requested by: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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Make Check Payable to: \_\_\_\_\_

In the Amount of: \_\_\_\_\_

Committee/Purpose: \_\_\_\_\_

Date needed: \_\_\_\_\_

Delivery:

' Hold at Willard

' Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

*Please return form to the PTG Treasurer's Mailbox in the Willard School Office or e:mail to [kathioneil@gmail.com](mailto:kathioneil@gmail.com). Please include receipts!*