

**GMRSD PTO  
CHECK REQUEST FORM**

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for check: \_\_\_\_\_  
\_\_\_\_\_

Amount of check: \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Note in Memo: \_\_\_\_\_

(If needed example: ID #, Account # etc)

**Check should be (please circle one)**

1) Sent to person requesting

If yes, how do you want the check sent to you: \_\_\_\_\_

or...

2) Sent to the Vendor address above

**Please note: Checks take a minimum of one week to process**

Signature of person requesting: \_\_\_\_\_

**PLEASE ATTACH BACK UP TO THIS FORM (INVOICE, RECEIPT, ETC)**

**Send or bring this form to the GMRSD PTO Mailbox at either Central or Liberty School**

**Attn: PTO Treasurer, Nickole Whelan.**

**Please also contact me via email or phone to let me know you submitted this form.**

**Treasurer: Nickole Whelan Email: njwcpa13@yahoo.com Phone: 908-319-4579**