

**GROVELAND PTO CHECK REQUEST FORM**

Pay to the order of: \_\_\_\_\_

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

Send to: \_\_\_\_\_

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

Budget line(s): \_\_\_\_\_

Reason for expenditure: \_\_\_\_\_

Signature of approving officer: \_\_\_\_\_

***ATTACH RECEIPTS!!!***  
***Checks will not be written without receipt.***

*Note any special payment instructions or additional explanation below:*

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*For Treasurer's use only:*

*Date paid:* \_\_\_\_\_ *Check number:* \_\_\_\_\_