

**BRENNEN ELEMENTARY SCHOOL
4438 DEVEREAUX ROAD
COLUMBIA, SC 29205**

PTO CHECK REQUEST

Date: _____

CHECK PAYABLE TO:

Name: _____

Address: _____

REQUESTED BY: _____ Phone: _____

DELIVER CHECK TO: _____

APPROVED BY: _____ Phone: _____
(Committee Chair)

Item #	Description	Budget Line Item Description	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

(All check requests must be accompanied by a receipt and signed by PTO Board Member responsible for purchase.)

TOTAL AMOUNT OF CHECK REQUESTED = \$ _____

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To Be Completed by PTO Treasurer:

CHECK #	DATE	AMOUNT	BUDGET LINE ITEM DESCRIPTION