

Odyssey Charter School PTO Check Request

Date: _____
Name: _____ Phone: _____
Project: _____
Reason for Check: _____
Check Payable to: _____ Amt: \$ _____
Address of Payee: _____

Please attach a copy of the bill or any receipts to this form.

Approved by (PTO Officer): _____ Date: _____
Approved by (PTO Officer): _____ Date: _____

For Treasurer's Use Only Check # _____ Date: _____

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