

**LINCOLN HUBBARD PTO
CHECK REQUEST FORM**

RECEIPTS MUST BE ATTACHED PRIOR TO ISSUANCE OF CHECKS

Date Requested: _____

Requested By: _____

Check Payable To: _____

Amount of Check: _____

Date Required : _____

Check one: Provide PTO check and

_____ Place check back in the PTO folder for pick up by requestor

_____ Send directly to vendor with attached invoice

Reason for Payment / Committee:

Check Number: _____

Date Issued: _____

Given or Sent to: _____