

**Brookline PTO**  
**Check request form**

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

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

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

Amount: \_\_\_\_\_

Payee: \_\_\_\_\_

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

Account to charge: \_\_\_\_\_

Committee chairperson: \_\_\_\_\_

**AN Invoice or CONTRACT MUST BE ATTACHED TO YOUR REQUEST.**

Please indicate below TO Whom/where the check should be sent:

Pick-up at csda office

pickup at rmms office

Backpack mail via: \_\_\_\_\_

Us mail to address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER (please specify): \_\_\_\_\_

Please send this form along with a receipt to:

Angela Hultz

ahultz@charter.net

673-6869

**Backpack Mail: Carolyn Hultz 2-C**