

Shaul Elementary PTO Replacement Check Request Form

DATE OF REQUEST: _____

ORIGINAL CHECK DATE: _____

ORIGINAL CHECK#: _____

ORIGINAL CHECK\$: _____

ORIGINAL CHECK PAYABLE TO: _____

ORIGINAL CHECK ISSUE REASON: _____

REASON FOR REQUEST: _____ CHECK NEVER RECEIVED
_____ LOST
_____ STOLEN
_____ EXPIRED
_____ DESTROYED
_____ OTHER _____

REQUESTER SIGNATURE: _____ DATE: _____

PRINCIPAL SIGNATURE: _____ DATE: _____

BY SIGNING THIS FORM YOU ARE AGREEING THAT THE ORIGINAL CHECK ISSUED TO YOU IS NOT IN YOUR POSSESSION FOR THE ABOVE STATED REASON OR IS EXPIRED. A REPLACEMENT CHECK WILL BE ISSUED WITHIN 2-3 WEEKS OF THE PTO TREASURER RECEIVING THIS FORM. IF YOU RECEIVE/FIND YOUR ORIGINAL CHECK AFTER SUBMITTING THIS FORM, PLEASE DESTROY THE CHECK. THIS FORM IS TO REPLACE A CHECK THAT HAS BEEN ISSUED BUT NEVER RECEIVED OR FOR A CHECK THAT HAS EXPIRED. PLEASE DO NOT USE THIS FORM FOR CHECKS ISSUED WITHIN THE PAST 30 DAYS. RETURN THE COMPLETED FORM TO MR. A'S MAILBOX IN THE SCHOOL OFFICE FOR SIGNATURE. MR. A WILL THEN FORWARD THIS FORM TO THE PTO TREASURER FOR REISSUE.

CHECK DISPOSITION:

- ☐ MAIL TO THE ADDRESS BELOW

- ☐ PLACE IN SCHOOL MAILBOX

PTO USE ONLY

PTO TREASURER SIGNATURE: _____ DATE: _____

PTO PRESIDENT SIGNATURE: _____ DATE: _____

CHECK #: _____ AMOUNT: _____ CHECK DATE: _____