

MACUNGIE SCHOOL PTC  
CHECK REQUEST FORM

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

Event Description: \_\_\_\_\_  
\_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

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

Requested By: \_\_\_\_\_

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

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

Please choose how you would like to receive your check:

\_\_\_\_\_ With secretary in the office

\_\_\_\_\_ By mail (please enclose self-addressed envelope with check request)

\_\_\_\_\_ With Student (list name and homeroom)

\_\_\_\_\_ Other \_\_\_\_\_