



BVMS-PTO CHECK REQUEST FORM

3003 Bear Valley Parkway
Escondido, CA 92025
(760) 432-4060 (Office)

- Included in annual budget - line item name: _____ Date: _____
- Approved at meeting - Date _____
- Approved by: _____ Village/Dept or Committee signature required

CHECK/FUNDS REQUESTED BY

Name: _____ Email: _____
 Phone: _____

VENDOR INFORMATION

Name: _____ Date check is needed: _____
 Address: _____
 Pay to the order: _____
 Phone: _____

ITEMS PURCHASED	Amount

Please attach all receipts to this form. **Total Check Amount \$**

APPROVED BY BVMS-PTO BOARD

PTO Officer #1: _____ *Please Print* **Signature:** _____
President or Vice President **Date:** _____

PTO Officer #2: _____ *Please Print* **Signature:** _____
Required for Amounts over \$500 **Date:** _____

For BVMS-PTO Use Only

Approved By: _____ **Approval Date:** _____
Date Check Issued: _____ **Check Number:** _____
Budgeted Line Item: _____
Chairperson Name & Signature: _____