Dover PTO
Check Request

Name:_____ Date Requested:_____

Contact (Phone/email):_____ Date Needed:_____

Check handling (complete one):
Put in _____ mailbox

Mail to _____ (provide address)

Other _____

Attach receipts, invoices contracts or other supporting documents.

Questions: contact Jennifer Friesen, Treasurer, Jennifer_L_Friesen@comcast.net

| Payee | Budget Category | Date | Amount | Description | In Budget (Y/N) |
|---|---|---|---|---|---|
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| | Total Amount | | | | |