

Date Paid:
Check #:

Cedar Mill PTC Check Request Form

Date: _____

Check payable to: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total amount of request: \$ _____

Purpose of Funds (budget category): _____

Signature: _____

Please attach receipts and place completed requests in Treasurer’s box. Contact the Treasurer with questions: treasurer@cedarmillptc.org.
Thank you!

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