

STMM PSO CHECK REQUEST FORM

Pay to: _____

Phone/e-mail: _____

Please check one:

_____ Mail Check
_____ Return check to: _____
_____ Mail check with enclosure

Committee: _____

Project/Activity: _____

Amount: _____

Project/Activity: _____

Amount: _____

Project/Activity: _____

Amount: _____

TOTAL AMOUNT DUE: _____

Submitted By: _____

Date: _____

Approved for Payment: _____

Date: _____