CHECK REQUEST FORM

REQUESTER FILLS IN THIS SECTION

Date of request_____

Person requesting_____

Requester's phone number_____email_____

Make check payable to_____

Amount of check $_____

Purpose_____

_____

_____

Signature of requester_____

Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses. Signature of the PTA president is required before treasurer will issue check.

Approval_____Date_____

FOR TREASURER'S USE ONLY

Date issued_____Check number_____

Charged to what budget item_____

Comments_____

_____

_____

Treasurer's signature_____