

CHECK REQUEST FORM

Person Requesting Check:

Date:

Committee:

Budget Category:

Purpose of Expenditure (please be specific):

TOTAL Reimbursement Amount:

Make Check Payable to:

Name (please print):

Address:

Phone:

PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDER FORMS, ETC.***Reminder: Expenses cannot be reimbursed without this original documentation.***

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 president is required before treasurer will issue check.

(Do not write below line – For Official PTA Use Only)

AUTHORIZED BY:

President's Signature_____
Treasurer's Signature

Date:

Date:

FOR TREASURER'S USE ONLY:

Check Number: _____ Date Paid: _____

Other Information: _____