



Check Request Form

Requester fills in this section:

Date of Request: _____

Person Requesting: _____

Make Check Payable to: _____

Amount of Check: \$ _____

Budget Category: _____

Purpose of Expenditure: _____

Delivery Instructions:

_____ Mail directly to vendor

Return to me via:

_____ Send home with my child

Child's name: _____

Teacher/Grade: _____

_____ Put in my Committee Folder

_____ Put in my School Mailbox

_____ Other: _____

Please Note: Invoice(s) to be paid or Receipt(s) to be reimbursed must be attached to this form. Submitted expenses can not exceed the approved committee budget. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expense. Signature of the PTA President and Committee Chairperson are required before the Treasurer will issue a check. Completed check requests received by the Treasurer on Tuesday of each week will be paid by the following Monday.

Signature of Requester: _____

Date: _____

Committee Chairperson Approval: _____

Date: _____

(Only needed when the Requester and Committee Chairperson are NOT the same; otherwise N/A is sufficient for this field)

PTA President Approval: _____

Date: _____

For Treasurer's Use Only

Date Issued: _____

Check number: _____

Comments: _____

Budget Remaining: _____

Treasurer's Signature: _____