

CHECK REQUEST

- Please staple receipts and other documentation to this form or enclose in an envelope.
- Place in PTA box in school office to the attention of PTA Treasurer.
- All requests should be made within one month of expenditure or one month of project completion.

Request Date	Reason for Request: <input type="checkbox"/> Reimbursement <input type="checkbox"/> Check to Vendor
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Expense Information:

PTA Committee:	Event / Activity Name:
Notes on expense (if applicable):	
Approved by:	

Check Requestor:

Name:	Contact info (email address or phone #):
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Check Information:

Check to be written to:		Amount of check:
Delivery Information:	<input type="checkbox"/> Leave in PTA file cabinet in office	<input type="checkbox"/> Other instructions:
<input type="checkbox"/> Send Home via Backpack		<input type="checkbox"/> Send in mail
Student's Name: _____		Mailing Address:
Grade: _____ Teacher Name: _____		

PTA Use Only

Date Received:	Date Paid:	Check #:	Check Amount:
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