

PTSA CHECK REQUEST FORM

Name of Committee _____

Name of Person
Requesting Check _____ Date _____

Budget Category, and/or Committee: _____

Purpose of Expenditure (please be specific) _____

TOTAL Reimbursement Amount: \$ _____ (Sales Tax Amt. _____)

TO WHOM SHOULD CHECK BE PAID?

Name (please print): _____

Address: _____

_____ Phone _____

PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDERS FORMS, ETC.
(Do not write below line.)

AUTHORIZED BY:

President or Committee Chairman

Treasurer's Signature

Date _____

Date _____

FOR TREASURER'S USE ONLY:

Check Number _____

Date Paid _____

Other Information: _____