

# PTA Check Request Form

Requested by: \_\_\_\_\_

PTA Officer \_\_\_\_\_ Staff \_\_\_\_\_ Parent \_\_\_\_\_ Chair Person \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date \_\_\_\_\_

**Please remember that PTA does not pay sales tax.**

ITEM	COST

**Attach receipts or invoices to the back of this form.**

Items to be used for what program: \_\_\_\_\_

Total amount requested: \_\_\_\_\_ Signature: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Please mail payment to: \_\_\_\_\_

\_\_\_\_\_

## TREASURER'S USE ONLY

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Budget Line: \_\_\_\_\_

Check signed by: \_\_\_\_\_

And by: \_\_\_\_\_