

# CHECK REQUEST FORM



## REQUESTER FILLS IN THIS SECTION

Date of request \_\_\_\_\_

Person requesting \_\_\_\_\_

Requester's phone number \_\_\_\_\_ email \_\_\_\_\_

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

Amount of check \$ \_\_\_\_\_

Purpose \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of requester \_\_\_\_\_

**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 PTA president is required before treasurer will issue check.**

Approval \_\_\_\_\_ Date \_\_\_\_\_

### FOR TREASURER'S USE ONLY

Date issued \_\_\_\_\_ Check number \_\_\_\_\_

Charged to what budget item \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treasurer's signature \_\_\_\_\_