



CHECK REQUEST FORM

DATE:	
NAME OF COMMITTEE / EVENT:	
CHAIRPERSON'S NAME:	
CHECK PAYABLE TO:	
METHOD OF DELIVERY (CIRCLE ONE):	1. PTA MAILBOX
<i>please list mailing address ----></i>	2. MAIL_____
ITEMIZED PURCHASES:	1.
	2.
	3.
	4.
TOTAL AMOUNT:	

PLEASE RETURN THIS COMPLETED REQUEST AND ESTIMATE/QUOTE TO THE PTA MAILBOX IN THE OFFICE. **RECEIPTS MUST BE ATTACHED FOR PAYMENT.**

CHECKS WILL BE CUT NO LATER THAN 2 WEEKS AFTER FORM SUBMISSION.

FOR PTA OFFICER'S USE ONLY:

APPROVED/DENIED:	
APPROVED/DENIED BY:	
DATE:	
REIMBURSEMENT DATE:	
CHECK NUMBER:	
CHECK AMOUNT:	
PTA TREASURER'S SIGNATURE:	
PTA OFFICER'S SIGNATURE:	