

AMOUNT:	
PAYABLE TO:	
EXPENSE DESCRIPTION	
PTA COMMITTEE:	
DATE NEEDED:	
SEND CHECK TO:	
REQUESTED BY:	
SIGNATURE:	
DATE OF REQUEST:	
FINAL RECEIPT ATTACHED:	YES _____ No _____

Check # _____

Treasurer's Initials _____

Checks can not be issued without a check request form.

A receipt, purchase order, or estimate must accompany all check requests.

Please allow 5 days for processing of request.