



Check Request Form

Section I (To be completed by the requestor)

Attach receipts to this form to be reimbursed. Checks will only be written from the PTA to individuals if paid receipts are attached to the request form (credit card receipts or cash register receipts or an invoice marked paid by the supplier). Invoices to be paid may also be attached – payment will be made directly to the vendor.

Please make sure you **obtain approval** from the Vice President for your committee (signature on “VP Approved” line below) before putting this form in the Treasurer’s box. Your check will be placed in your mail folder in the PTA office at the school.

Date: _____ Requestor Signature: _____

Budget Category: _____ Amount: _____

Check payable to: _____

Description of what was purchased: _____

VP Approval (signature): _____

Section II (To be completed by PTA Treasurer)

PTA President approved: _____

Paid: Check #: _____

Date: _____

Date entered: _____