

Check Request Form

Date: _____

Requested by: _____
(signature)

Amount: \$ _____

Made Payable to: _____

Address: _____

Date Check Needed by: _____

Should check be mailed directly to payee? ____yes ____no

Committee: _____
(RPF or budget category)

Reason for Check: _____

Chairperson's Signature: _____
(if required)

Treasurer's Portion

Date Received: _____

Budget Category: _____

Check #: _____

Date sent: _____

This voucher must be submitted to the Treasurer within 30 days of the expense and must have receipts, invoices or order forms attached. Please make copies of your receipts for your personal files before submitting to the PTA.

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