

Check Request Form

Check Request Form

Requested by: _____
(signature)

Requested by: _____
(signature)

Amount:\$ _____

Amount:\$ _____

Made Payable to: _____

Made Payable to: _____

Address: _____

Address: _____

Date Check Needed by: _____
by: _____

Date Check Needed

Should check be mailed directly to payee? ___yes ___no

Should check be mailed directly to payee? ___yes ___no

Committee: _____
(RPF or budget category)

Committee: _____
(RPF or budget category)

Reason for Check: _____

Reason for Check: _____

Chairperson's Signature: _____
(if required)

Chairperson's Signature: _____
(if required)

Treasurer's Portion

Treasurer's Portion

Date Received: _____

Date Received: _____

Budget Category: _____

Budget Category: _____

Check #: _____

Check #: _____

Date sent: _____

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.**

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** Please make copies for your personal records before you submit to the PTA.

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