

PTA Check Request Form

Requested by: _____

PTA Officer _____ Staff _____ Parent _____ Chairperson _____

Telephone Number: _____ Date: _____

Please Remember that PTA does not pay sales tax.

ITEM	COST

Attach receipts or invoices to the back of this form.

Items to be used for what program: _____

Total Amount Requested: _____ Signature: _____

Make Check Payable to: _____

Please mail payment to: _____

TREASURER'S USE ONLY

Check Number: _____ Date: _____

Amount Paid: _____

Budget Line: _____

Check signed by: _____

And by: _____