

Washington Elementary PTA CHECK REQUEST FORM

Name of Committee (ex. Wizard Wear) _____

Name of Person Requesting Check _____ Date _____

Budget Category (ex. Ways And Means) _____

Purpose of Expenditure (please be specific) _____

TOTAL Reimbursement Amount: \$ _____ (Sales Tax Amt. _____)
Include Sales Tax

A copy of this form and a copy of the attached receipt(s) are kept in your records.

TO WHOM SHOULD CHECK BE PAID?

Name (please print): _____

Address or School Mailbox: _____

Phone _____

PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDERS FORMS, ETC.
(Do not write below this line.)

AUTHORIZED BY:

President, Vice President or Committee Chair's Signature

Treasurer's Signature

Date _____

Date _____

FOR TREASURER'S USE ONLY:

CHECK # _____ DATE PAID _____ INITIALS _____ NOTES: _____

ACCT/CATEGORY(IES) ACCOUNT CHARGED _____