

Washington Elementary PTA

CHECK REQUEST FORM

Name of Person
Requesting Check: _____ Date: _____

Description of Expenditure: *(please be specific)* _____

TOTAL Reimbursement Amount: \$ _____
(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, ORDER 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:

AUDIT COMM.: _____

CHECK #: _____ DATE PAID: _____ INITIALS: _____ NOTES: _____

BUDGET CATEGORY: _____ SALES TAX PAID: _____