

# CHECK REQUEST FORM

(To be completed by Requester)

Date of request: \_\_\_\_\_

Person requesting: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Amount of check \$: \_\_\_\_\_

Purpose: \_\_\_\_\_

Budget item to be charged: \_\_\_\_\_

Payee's mailing address (only needed for first payment of fiscal year):

\_\_\_\_\_  
\_\_\_\_\_

Signature of Requester: \_\_\_\_\_

**Note:** Please attach all supporting purchase receipts or invoices to this form. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expense. Signature of the appropriate Vice President (if other than the Requester) and the PTA President is required before treasurer will issue check.

VP Approval (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

President Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Reimbursements or payments:** Once the check request is approved and payment issued by the Treasurer, payments will be mailed to the payee's address via U.S. Mail. Please allow 7-10 days from submission of this form for payment to be delivered to payee.

## For Treasurer Use Only:

Date check issued: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Budget line item charged: \_\_\_\_\_

Comments: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_