

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. (Pre-approval with a member of the Executive Board should be obtained on all purchases. Failure to obtain pre-approval may result in purchaser having to incur the expense.)

Process and timing for reimbursements or payments:

Submit forms and invoices to treasurer@northwoodpta.com or place in the PTA mailbox in the front office and send a message to notify the Treasurer. Forms may also be remitted to a member of the Executive Board for transfer to the Treasurer.

Please allow 7-10 business days from submission of this form for payment to be delivered to payee. Payments will be mailed to the payee's address via U.S. Postal Service.

President Approval: _____ Date: _____

For Treasurer Use Only:

Date check issued: _____ Check #: _____

Amount: _____

Budget line item charged: _____

Comments: _____

Treasurer's signature: _____