

## PTA Check Request

Payable to: \_\_\_\_\_ Date needed: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Check requester: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Account *(one account only)*: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Item	Place of Purchase	Amount
Total:		

**(Receipts should be attached and sales tax will not be reimbursed)**

Treasurer's Notes:  
 Invoice Received: \_\_\_\_\_  
 In Approved Budget?: Yes or No  
 If No, Date of Motion: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_  
 Date Paid (Delivered/Mailed): \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 Amount of Check: \_\_\_\_\_  
 Form W9 Required?: Yes or No  
 If YES, Date Collected: \_\_\_\_\_

Chairman's Authorization: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

President's Signature: \_\_\_\_\_

**Attach receipt(s)**