



## Check Request Form

Submitted by \_\_\_\_\_

Phone \_\_\_\_\_

Date submitted \_\_\_\_\_

Date needed \_\_\_\_\_

Committee/Line Item \_\_\_\_\_

Purpose of check \_\_\_\_\_

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Check Payee Amount \$ \_\_\_\_\_

Please mail check to:

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

Or Call: \_\_\_\_\_ for pickup

SPECIAL INSTRUCTIONS :

\_\_\_\_\_

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PTA Officer Approval

This request must be approved by a PTA Officer and submitted to the Treasurer. Please allow ample time – 3 day minimum for processing. Please attach receipt or invoice.

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### TREASURER USE ONLY

Check # \_\_\_\_\_

Date \_\_\_\_\_