



## Check Request

Please attach all **original** receipts and invoices.

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

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

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

Check to be made out to: \_\_\_\_\_

Delivery method: \_\_\_\_\_

Address for mailing: \_\_\_\_\_

OR

Child's name and homeroom: \_\_\_\_\_

Items purchased for PTA use (if applicable):

	Item	Vendor	Amount
1			
2			
3			
4			
5			

Please list additional items on back

Event: \_\_\_\_\_

Event coordinator's signature: \_\_\_\_\_

PTA President's signature: \_\_\_\_\_

Check number: \_\_\_\_\_