



CHECK REQUEST FORM

Date Submitted:	
Requested By:	
Reason for Check:	<input type="checkbox"/> Vendor Payment <input type="checkbox"/> Reimbursement <input type="checkbox"/> Other (Please indicate):
Check Payable To:	
Check Mailed To Address:	
Phone Number:	
Check Amount:	
Event:	
Approval Signature of Committee Chair:	

All expenses must be approved by Committee Chair. Checks are issued electronically and mailed within 2 weeks. Reimbursement requests must be made within 30 days of event. June requests will not be accepted after the last day of school.

Attach all invoices/receipts to this expense statement

<i>Vendor</i>	<i>Items</i>	<i>Amount</i>
<i>Example: Home Depot</i>	<i>Plants for garden</i>	<i>\$18.50</i>
Total Expenses:		

<i>For PTA Treasurer Use:</i>	
Received:	
Conf#/Check#:	
Account:	
Cleared:	