

# CHECK REQUEST FORM

(use this form to request reimbursement for expenses)

Date Submitted: \_\_\_\_\_

To: Treasurer, Lake Highlands Area Early Childhood PTA

From: \_\_\_\_\_

Date Check Needed: \_\_\_\_\_

Description of Item	Budget Category	Amount

Total for Check: \$ \_\_\_\_\_

Please make check payable to: \_\_\_\_\_

**NOTE:** RECEIPTS MUST BE ATTACHED AND FUNDS STILL AVAILABLE IN THE BUDGET BEFORE A CHECK CAN BE ISSUED. NO TAXES CAN BE PAID. PLEASE USE SALES TAX EXEMPTION CERTIFICATE WHEN PURCHASING GOODS FOR USE BY PTA.

## For Treasurer's Use:

Date Check Issued: \_\_\_\_\_

Check Number: \_\_\_\_\_

Budget Category: \_\_\_\_\_

\_\_\_\_\_