CHECK REQUEST FORM

Date Submitted:_____

Check Request From (PTA member): _____

Budget/Event Category:_____

A. USE THIS PORTION FOR INVOICES

Payable To	Invoice #	Invoice Date	Date Needed	Amount

B. USE THIS PORTION FOR REIMBURSEMENT OF EXPENSES

Please make check payable to: _____

Description of Item	Place of Purchase	Amount

TOTAL: $_____

Receipts should be attached and sales tax will not be reimbursed.
Please use **Sales Tax Certificate** when purchasing goods for use by the PTA.

TREASURER'S NOTES

Date Request Received	Check Issue Date(s)	Check Number(s)	Budget Category