

Washington Elementary PTA CHECK REQUEST FORM

Name of Committee (ex. Wizard Wear Expenses)

Name of Person
Requesting Check _____ Date _____

Budget Category (ex. Ways And Means) _____

Purpose of Expenditure (please be specific) _____

TOTAL Reimbursement Amount: \$ _____ (Sales Tax Amt. _____)
Include Sales Tax

TO WHOM SHOULD CHECK BE PAID?

Name (please print): _____

Address or School Mailbox: _____

_____ Phone _____

PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDERS FORMS, ETC.
(Do not write below this line.)

AUTHORIZED BY:

President, President-Elect or
Committee Chair's Signature

Treasurer's Signature

Date _____

Date _____

FOR TREASURER'S USE ONLY:

Check Number _____ Date Paid _____

Committee Account Charged _____