

RC'WN'TGXGT'G'RVUC
CHECK REQUEST FORM

Check Amount: \$ _____

To: Name: _____

Address: _____

Phone: _____

Email: _____

Tax ID: _____

(for services provided by an individual, not a company; not required for reimbursement)

Description of Expense: _____

ACCOUNTING:

Requested By: _____ Date: _____

Phone: _____

Email: _____

PTSA

Budget Item: _____ \$ _____

_____ \$ _____

_____ \$ _____

Authorization to pay: _____ Date: _____

PROCEDURE:

Please complete the entire form. Attach original receipts and documentation, if needed, that explains the nature of the expense. Retain copies for your records. Deliver to the PTSA Treasurer or leave in the PTSA mailbox in the school office. Please allow 1-2 weeks for processing.

Internal Use Only:

Check #:	Date Mailed:	Input in QuickBooks:
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