

## Check Request

Name: \_\_\_\_\_ Date of request: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Receipt attached? Yes No Date needed: \_\_\_\_\_

e-mail: \_\_\_\_\_

Payable to: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Signature of requestor: \_\_\_\_\_

### Check Distribution

Mail check to Vendor

Leave check in PTA mailbox

Send home with child

Childs room number \_\_\_\_\_

### FOR TREASURER'S USE ONLY

PTA Signature: \_\_\_\_\_

Check #: \_\_\_\_\_

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

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