

PTSA Check Request Form

Name (of requesting party): _____

Check payable to (if different): _____

Address: _____

Phone #: _____

Room #: _____ Email: _____

Date, Description, Amount

TOTAL \$ Due _____

1. Please complete this form and attach all relevant receipts
2. Submit to Treasurer or put in the Treasurer's PTSA Box
3. Note what you want done with your check:

____ Put in my Box

____ Mail it to me

____ Other _____

For Treasurer's Use:

Date _____ Amount _____ Check # _____

Category _____