

Check Request Form

Please complete this form when requesting reimbursement or payment of any expenses incurred on behalf of the PTA. Attach all receipts or invoices to the back of this form and forward to the PTA Treasurer 1) within 10 days of receipt of an invoice from a third party business, or 2) within 30 days of the event date for approved costs paid personally by the PTA member. If you used a credit card, the PTA is not responsible for interest should you fail to submit your request in a timely manner. Expenses over and above the budgeted amount must have approval from the Executive Board and cannot be paid without a majority vote of the general membership approving the overage. No reimbursement will be made without receipts.

Date of Request: ____/____/____

Requested By (Print Name): _____

Phone #: _____ Email: _____

Committee/Event: _____

Reason for Check: _____

Make Check Payable to (Name & Address): _____

Amount of Check: \$_____

Instructions for Check Delivery (select one): ____ Deliver check to Requestor

____ Mail check to "Payable to" listed above

Signature of Requestor: _____ Date: ____/____/____

For Treasurer's Use Only

Date Check Issued: ____/____/____ Check #: _____

Check Payable to: _____

Check Amount: \$_____

Budget Item Charged: _____

Approved by: _____