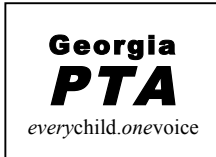


# CHECK REQUEST FORM

1. Fill out completely. Incomplete forms will be returned.
2. Make sure you are within budget.
3. Attach original receipts.
4. It is requester's responsibility to obtain signatures from VP & President.



## REQUESTER FILLS IN THIS SECTION

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

Person requesting: \_\_\_\_\_

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

Make check payable to: \_\_\_\_\_

Amount of check: \$ \_\_\_\_\_

Budget Category: \_\_\_\_\_

Purpose/Description: \_\_\_\_\_

Original Receipt/Invoice Attached:    Yes    No

Within Budget:                                Yes    No

Signature of requester: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in the purchaser having to incur the expenses. Signature of the PTA President is required before treasurer will issue check.**

V.P's Approval \_\_\_\_\_ Date \_\_\_\_\_

President's Approval \_\_\_\_\_ Date \_\_\_\_\_

### For Treasurer's Use Only

Date Issued: \_\_\_\_\_ Check #: \_\_\_\_\_

Charged to budget category: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_ Entered By: \_\_\_\_\_

**Treasurers: Lori Fain e-mail: [lorifain@bellsouth.net](mailto:lorifain@bellsouth.net) tel: 770-777-2451**

**Elizabeth Shoettler e-mail: [schoettler1@comcast.net](mailto:schoettler1@comcast.net) tel: 770-343- 8035**