



PTA Check Request



Please attach all receipts and invoices.

Date submitted: _____

Submitted by: _____

Amount requested: _____

Check to be made out to: _____

Delivery method: _____

Address for mailing: _____

OR

Child's name and homeroom: _____

Items purchased for PTA use (if applicable):

	Item	Vendor	Amount
1			
2			
3			
4			
5			

Please list additional items on back.

Event: _____

Event coordinator's signature: _____

PTA President's signature: _____

Check number: _____