

CHECK REQUEST FORM (2019-2020) (use to request reimbursement from the PTSA)

1.

Date of Request:	
Activity:	
Person requesting:	
Requestor Email/phone #: <small>(in case there are questions)</small>	

2.

Make check payable to:	
Mode of check delivery: <small>(circle one)</small>	USPS Hand Delivery Other
Mailing Address <small>(if applicable)</small>	
Amount Requested:	\$
Budget Category: <small>(if known)</small>	
Purpose of Expenditure:	

Signature of requestor (if possible): _____	OR
Treasurer received receipts from: _____ (Initials: ____; Date: _____)	

FOR TREASURER'S USE ONLY

Date issued: _____	Check #
Line Item/Budget Category applied: _____	
Comments: _____	
Mode of delivery: _____	
Entered into QB <input type="checkbox"/>	Check cleared bank <input type="checkbox"/> Date check cleared: _____