

Check Request Form

PTA _____

Fiscal Year _____

Date: _____

Pay to the Order of: _____

Address: _____

Phone: _____

Paid by Check #: _____

Dated: _____

Pretax Amount: \$ _____

Sales Tax: \$ _____

Total Amount: \$ _____

Purpose: _____

Submitted by: _____

Approved by: _____

President Signature

Treasurer Signature

Receipt(s) must be attached!

Attach Receipts Here

Attach Canceled Check Here (If returned by bank)

Principals Signature: _____