

PTA CHECK REQUEST FORM



To be reimbursed for approved PTA-related expenses, please complete this form and attach ALL original receipts/invoices to the back. Place in the Treasurer's mailbox in the PTA room.

Payable to: _____ Date: _____
 Address: _____ Phone: _____

Form submitted by (if different than payee): _____

Please check one. Checks will no longer be sent home with students.

- Mail check to address above (**stamped/addressed envelope MUST be attached**)
- Pick up in the PTA room (located in a blue folder in cubby labeled PTA Checks)
- PTA or Teacher Mailbox (Mailbox/Teacher Name: _____)

PTA PURCHASES:

Please list each vendor/retailer (Office Depot, Sam's Club, Scholastic, etc.), a description of the items purchased (poster board, paper, etc.), and the total amount being submitted for payment. List each receipt separately.

Vendor/Retailer	Description	Amount
		\$
		\$
		\$
Total		\$

PTA CATEGORIES:

Please list the PTA categories to be debited. The total above must equal the CATEGORIES total below.

- Administrative Supplies \$ _____
- Hospitality \$ _____
- Carnival \$ _____
- Other _____ \$ _____
(provide budget category)
- Instructional Supplies \$ _____
- School Store \$ _____
- Silent Auction \$ _____

Signature: _____

Approved By: _____
(PTA President or Principal's Signature)

- Please allow two weeks for check request form to be received, approved, and processed for payment. If you need it sooner, please contact the Treasurer to work out a faster turnaround time.
- **Attach all ORIGINAL receipts, invoices, or purchase orders to the back of this form.**
- This completed form and original receipts are *required* for PTA Financial Review and tax-reporting purposes.
- Please submit receipt(s) within 30 days of your program/event.

Treasurer's Notes:

Date rec'd: ___/___/___ Chk date: ___/___/___ Chk number: _____ Chk amount: \$ _____