



## Check Request

**\*ALL CHECKS MUST HAVE PTA OFFICER APPROVAL AND ORIGINAL RECEIPT OR INVOICE ATTACHED. ONLY CLEAN RECEIPTS WILL BE ACCEPTED.**

REQUESTED BY:

CONTACT INFORMATION:

REMIT PAYMENT TO:

DELIVER PAYMENT TO:

☐ ADDRESS

☐ PICK UP PAYMENT IN THE CHECKS DELIVERED PTA FOLDER IN THE OFFICE

AMOUNT:

DATE CHECK NEEDED:

REASON FOR CHECK:

(PLEASE DESCRIBE IN DETAIL)

### APPROVAL REQUESTED (TO BE COMPLETED BY PTA PRESIDENT OR EXECUTIVE BOARD MEMBER)

NAME:

DATE APPROVED:

\*IF DENIED, PLEASE  
PROVIDE REASON  
FOR DENIAL:

(EXAMPLE: RECEIPT WAS NOT CLEAN, AMOUNTS DID NOT EQUAL REQUEST, INSUFFICIENT SUPPORT)

FOR TREASURER'S  
USE ONLY

DATE ISSUED:

ISSUED BY:

CHECK #

BUDGET LINE ITEM: