CHECK REQUEST / EXPENDITURES FORM

Fiscal year: July 1, 20__ to June 30, 20__

Region	Council
Local PTA/PTSA	

Date Submitted:

Check Payable To:
Street Address:
City, State, Zip:
Email Address:
Phone Number:

FOR OFFICE USE ONLY

Check #

Pretax Amount:

Sales Tax:

Total: $ -

Budget Category	Description	Pretax Amount	Sales Tax:	Total:
	Total:	$ -	$ -	$ -

Attach recipts here

Submitted by: _____
signature

President Approval: _____
signature

Treasurer Approval: _____
signature

Principal Acknowledgement: _____
signature

Utah PTA
everychild. onevoice.