

# 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: \_\_\_\_\_