

## Request for Check Form

\*Note: Original Receipt(s) must be attached to this form. Checks will be mailed to the mailing address listed below.

Date: \_\_\_\_\_

Reason for Expenditure(s):

 Payable to:

 Address to Mail Check:

 Amount

 Committee

 Committee Chairperson

For Treasurer's Use:
Check # \_\_\_\_\_ Date Check Issued: \_\_\_\_\_
Notes:

Contact PTA Treasurer: **<u>soptatreasurer@gmail.com</u>** with any questions.

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