

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.

Members Make the Difference! Today's PTA Parents Are...Empowered • Informed • Responsible