

CHECK REQUEST

PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDER FORMS, ETC.

Requested by _____

Budget Category / Line Item _____

Purpose of Expenditure (be specific) _____

Total Reimbursement Amount \$ _____

Check payable to (please print):

Name _____

Address _____

Phone # _____

Authorized by:

Committee Chair Signature

Date

Vice President Signature

Date

FOR PTA TREASURER'S USE ONLY

Check # _____

Date Paid _____

NC Sales Tax _____

Check Amount _____

PTA Line Items Charged _____

Reviewed by Audit Committee By _____ Date _____

Reconciled with Bank Statement By _____ Date _____