

# Taylor Road Middle School PTA

## CHECK REQUEST FORM

Supporting receipts/ invoices MUST be attached. **NOTICE: Approval must be obtained on all purchases. Signature PTA President is required before Treasurer will issue check.**

Your Name: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Email Address: \_\_\_\_\_

Explanation of Expenses: \_\_\_\_\_

\_\_\_\_\_

DATE	VENDOR	DESCRIPTION	AMOUNT

Total Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Mail Check to (address) \_\_\_\_\_

\_\_\_\_\_ Leave in PTA mailbox \_\_\_\_\_

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

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer Verification: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Check Amt.: \_\_\_\_\_ Quickbooks: \_\_\_\_\_

Budget Category: \_\_\_\_\_ Notes: \_\_\_\_\_