



CHECK REQUEST FORM

INSTRUCTIONS:

1. Complete the Check Request, Approval, and Delivery sections below.
2. Attach receipts with expenses clearly marked OR attach invoice from vendor. Do not include credit card or bank account numbers.
3. Turn in to Committee Chair for approval.
4. Committee Chair submits to appropriate Executive Committee Member.

If you have not heard anything after 2 weeks, contact the Treasurer.

CHECK REQUEST:

Requested By: _____ Phone: _____

Date of Request: _____ Date Check Needed: _____

Explanation of Cost & Related Budget: _____

Issue Check to: _____ Amount of Check: _____

APPROVAL:

PSTA Committee Chair: _____ Date: _____
(Signature)
Title: _____

Executive Committee Member: _____ Date: _____
(Signature)
Title: _____

DELIVERY:

Kidmail OR Regular Mail

Child's Name, Teacher, Classroom Mailing Address

TREASURER'S USE

Check Number: _____ Check Amount: _____ Check Date: _____

Delivery Date: _____

Account Information: _____
