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Check Request Form

Date:	Submitted by:
Name (check should be issued to):	
Amount:	
Reason for check:	
Committee Name (if applicable):	
Signature of Committee Chair (if applicable):	
<ul style="list-style-type: none"> ➤ Complete all lines on this form. ➤ Chairperson’s signature is required for reimbursement. ➤ Make a copy of this request form and receipts for your records. ➤ If applicable, make a copy for the Chairperson. ➤ Attach receipts and place in the PTA Treasurer’s mailbox. 	

Treasurer’s Use Only	
Check #:	
Amount:	
Budget Line Item:	
Date & Initials:	
President’s Signature	