Daniel Bagley PTA Check Request

Date of request: ______________________________

Check made out to: ______________________________

Amount of check: ______________________________

Address if check is to be mailed:

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____

____

Reimbursement? Y N

Purpose of expense: ______________________________

____

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Name and signature of requester: ______________________________

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Name and signature of approving officer/chair: ______________________________

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All expenses must be within approved PTA budget and approved by a PTA officer or committee chair.

Receipt or invoice must be attached unless otherwise approved by PTA officer.

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To be completed by Treasurer:

Date: ______________ **Check #:** ______________

Budget category: ______________ **Processed by:** ______________