## **HAWKES BLUFF ELEMENTARY PTA**

## **CHECK REQUEST FORM**

REQUESTOR:		DATE REQUESTED:				
PURPOSE OF CHECK: _						
CHECK PAYABLE TO: _						
INDICATE WHERE CHE	CK SHOULE	D BE SENT (CHECK ONE):				
□ MAIL TO ADDRESS BEI	_OW	□ PUT IN MY BOX AT SCHOOL	OTHER INSTRU	ICTIONS BELOW		
PAYMENT REQUES	STS NEED TO	RM WITH THE ORIGINAL INVOICE/REC BE TURNED IN WITHIN 30 DAYS OF TH MENT CHECKS WITHIN 60 DAYS OF CHI	HE EXPENDITURE.			
DATE OF EXPENSE	EXPENDITURE DETAILS			AMOUNT		
		TOTAL	REIMBURSEMENT:	\$		
APPROVED: President's Signature DATE:						
		TREASURER'S USE ONLY				
Check Date:		Check #: Amount:				
Check Clear Date: Budget Line Item:						
Approved: Treasurer'	's Signature	<b>2</b> :				