

CHS PTSA
CHECK REQUEST FORM

Supporting receipts/ invoices MUST be attached. **NOTICE: Approval must be obtained on all purchases. Signature of VP and 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: _____

VP Signature: _____ Date: _____

President Signature: _____ Date: _____

Treasurer Verification: _____ Date Paid: _____

Check #: _____ Check Amt.: _____ Quickbooks: _____

Budget Category: _____ Notes: _____