

TREASURER'S NOTES

Check Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

# YALE PTA CHECK REQUEST

**MAKE CHECK PAYABLE TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**PAYMENT DELIVERY** *(Please Check one)*

Mail:       PTA Folder:       Hand Deliver:

**INSTRUCTIONS:**

1. Fill out the form with a brief description of the product or services, you purchased.
2. Indicate the budget line item against which each expense item is to be charged.
3. Attach all receipts and invoices.

*Please note: Unless otherwise indicated, the Treasurer will mail the payment to the payee.*

Item	Budget Account	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total:** \_\_\_\_\_

**CHECK REQUESTED BY:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPROVED BY:** *(Two signatures are required.)*

\_\_\_\_\_  
*Treasurer or First Vice President*

\_\_\_\_\_  
*President or First Vice President*