## LAKE TRAVIS HIGH SCHOOL PTO

## CHECK REQUEST FORM



## What is this check for?

| □ to reimburse individua      | I for expenses already ind         | curred – <i>atta</i>  | ch receipt or invoice marked "paid"          |  |
|-------------------------------|------------------------------------|-----------------------|--|--|
| □ to request funds be pa      | aid to vendor for goods or         | services alre         | eady received – <i>attach invoice</i>        |  |
| □ to request funds be pa      | aid to vendor <b>prior</b> to rece | eipt of goods         | or services – attach "pro forma" invoice     |  |
| Date of Request:              |                                    | Date Check is Needed: |  |  |
| Person Requesting:            |                                    |                       |  |  |
| Requestor's Address to Mail ( | Check:                             |                       |  |  |
| Requestor's Phone Number:     |                                    | E-mail:               |  |  |
| Make Check Payable To:        |                                    |                       |  |  |
| Item                          |                                    | Amount *              | Budget expense category                      |  |
|                               |                                    |                       |  |  |
|                               |                                    |                       |  |  |
|                               |                                    |                       |  |  |
|                               |                                    |                       |  |  |
|                               |                                    |                       |  |  |
|                               | Grand Total =                      | \$                    | * Sales tax cannot be reimbursed.            |  |
| Requestor's Signature:        |                                    |                       |  |  |
| ·                             |                                    |                       |  |  |
|                               | ricasarci                          | 3 140103              |  |  |
| Date Received:                | Check Number:                      |                       | Date Processed:                              |  |
| Charged to Budget Item:       |                                    |                       |  |  |
| ☐ Request includes do         | ocumentation such as rec           | eipt or invoic        | e.   |  |
| ☐ Expenditure include         | ed in budget adopted by g          | eneral memb           | pership.                                     |  |
| ☐ No plan of work             | required for expenditure           | ☐ Expenditu           | ure is consistent with approved plan of worl |  |
| Comments:                     |                                    |                       |  |  |
| Treasurer's Signature:        |                                    |                       |  |  |
|                               |                                    |                       |  |  |