

# Rashkis PTA Check Request Form

Person requesting check: \_\_\_\_\_

Date of request: \_\_\_\_\_

Requested amount: \$ \_\_\_\_\_ [minimum \$50 if paid to staff]

Budget category: \_\_\_\_\_ (“Teacher discretionary” or describe)

Purpose of expenditure: \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Provide itemized list of receipts or invoices; use back if more room is needed

**Receipts and invoices must be attached to form**

Date	Store/service provider	Description	Amount
<b>Sub-total from back (if any)</b>			
<b>TOTAL AMOUNT REQUESTED</b>			

## FOR PTA OFFICER USE ONLY

**Treasurer information**

Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**President’s authorization**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

