

COLIN POWELL ELEMENTARY SCHOOL PTA

CHECK REQUEST FORM

Check Request Number _____ (Please do not fill this in)

Date Submitted: _____ # of Receipts attached: _____

Requester: _____ PTA Position/Committee: _____

Home phone: _____ Email: _____

Approved By: Committee Chair: _____ and

PTA President or Vice President: _____

Payment or Reimbursement Requested for:

	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Check Amount:	\$ _____

ATTACH ALL RECEIPTS FOR REIMBURSEMENT

If the payment is to a vendor/supplier, the invoice needs to be attached to this form.

Reimbursement to: _____ PTA Member or _____ Vendor/Supplier

How do you want to receive the check: _____ Put check in PTA File; or _____ Mail check

Payable to Company/Individual Name: _____

Company/Individual Address: _____

FOR PTA TREASURER USE ONLY

Check Date: _____ Check Number: _____

Invoice Number: _____ Amount: \$ _____