

Highcroft Drive Elementary PTA
CHECK REQUEST FORM

Name of Committee _____

Name of Person
Requesting Check _____ Date _____

Budget Category _____

Purpose of Expenditure (please be specific) _____

TOTAL Reimbursement Amount: \$ _____ (Sales Tax Amt. _____)

TO WHOM SHOULD CHECK BE PAID?

Name (please print): _____

Address: _____

_____ Phone _____

PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDERS FORMS, ETC.

AUTHORIZED BY:

_____ DATE _____

COMMITTEE CHAIR OR VICE PRESIDENT
APPROVAL

FOR TREASURER'S USE ONLY:

Check Number _____ Date Paid _____

Other Information: _____