

CHECK REQUISITION FORM

Date _____

Pay to the order of:

Email (if you want notification that check is on the way): _____

Amount:

\$ _____

How would you like the check delivered?

Backpack: Child's name & homeroom _____ Mail _____ Other _____

Reason for reimbursement/disbursement:

PTA President's approval:

Date: _____

Fundraiser Chairperson(s) approval:

Date: _____

All forms must be forwarded to the President prior to issuance of checks from the treasurer. Please attach all necessary receipts and documentation for backup. You must turn in receipts for reimbursement within 30 days of expenses.

Thank you,

Lisa Shallow
Treasurer

Paid _____ Check # _____ Date _____