



Hunter Elementary PTA

CHECK REQUEST FORM

Requested By: _____ Date: _____

Description of Expenditure: *(please be specific)* _____

Total Amount: \$ _____
(Include Sales Tax)

A copy of this form and a copy of the attached receipt(s) are kept in your records.

Make Check Payable To:

Name: *(Please Print)* _____

Address or School Mailbox: _____

_____ Email: _____

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

(Do not write below this line)

AUTHORIZED BY:

President, VP, or Committee Chair's Signature

Treasurer's Signature

Date: _____

Date: _____

FOR TREASURER'S USE ONLY:

AUDIT COMM.: _____

CHECK #: _____ DATE PAID: _____ INITIALS: _____ NOTES: _____

BUDGET CATEGORY: _____ SALES TAX PAID: _____