

FOR TREASURER USE ONLY

Check #: _____

Check Date: _____

Amount: _____



REQUEST FOR CHECK

Fairland Elementary School Parent Teacher Association, Inc.

To: PTA Treasurer

Please issue a check payable to:

Name: _____ Date: _____

Address: _____ Amount: \$ _____

City: _____ State: _____ Zip Code: _____

Instructions: () Mail To Payee () Hand Deliver To Payee () Committee Chairperson

Check requested is for:

- () Payment of Invoice
- () Advance Against Future Expense
- () Personal Reimbursement (*No Previous Advance*)
- () Personal Reimbursement (*In Addition to Previous Advance*)

Total of Expense Submitted \$ _____

Less Amount of Previous Advance \$ _____

Equals Amount Requested Here \$ _____

PTA Budget Line Item: _____

Purpose: _____

Receipts / Invoices Attached: YES () NO ()

Requestor's Signature: _____ Telephone: _____

*Authorizing Signature: _____ Title: _____

*Authorizing Signature may be any board member with check signing authority. Requests for advances or reimbursements without receipts or invoices must be approved by the PTA President.