

# Check Request:

**Vendor Payment**

or

**Reimbursement**

Your Name:

Phone:

Committee:

Project/Event:

Date Submitted:

Date Needed:

Date Issued:

**INCLUDED IN  
ANNUAL BUDGET**

-or-

**APPROVED AT MEETING  
(DATE:    /    /    )**

Check Payable to:

Amount:

\$

Delivery of Check: (Circle One)

**PICK UP CHECK**

**MAIL CHECK**

Address of Payee: (if no bill attached)

**NOTE:**

*VENDOR bill/invoice: attach the bill to this form and the Treasurer will mail it*

-or-

*REIMBURSEMENT: Original receipt(s) totaling the amount of reimbursement must be attached.*

Approved by (Committee Chairperson or PTA Officer):

Date:

Approved by (PTA Officer):

Date:

Approved by Principal: (ONLY IF NEEDED)

Date:

Treasurer's Use Only: Checkcard \_\_\_\_\_ Check# \_\_\_\_\_ Date: \_\_\_\_\_ Logged: \_\_\_\_\_