RISD COUNCIL OF PTAs
CHECK REQUEST

FOR: ☐ Reimbursement for expenses already paid

FOR: ☐ A payment to a vendor

Treasurer's Log:

Check Date _____

Check # _____

Amount _____

Request receive _____

PAYABLE TO:		
Mailing Address:		
Requested by:		Date:

Check Delivery: ☐ **Hand deliver** ☐ **Mail to payee**

- Receipt(s) or invoice must be submitted with request.
- Sales tax will not be reimbursed, except when allowed by Council Standing Rules.
- Please identify the correct Budget Account for each item to be paid.

Place of Purchase	Item Description	Budget Account	Amount
		Total:	

Approved by check signers (2 signatures required):

Signature _____ **Signature** _____

Treasurer **President or authorized signer**

TREASURER REMARKS: