CHECK REQUEST FORM
Arrowhead Elementary School PTA
2026-2027 School Year

Must be approved by the PTA President or VP before delivery to the Treasurer for payment.

Date:

Requested by (Name):

Budget Category:

Payee (please print):

Send Check to (Address):

Total Requested Amount:

Purpose of Expenditure (please be specific):

Please attach all receipts, invoices, order forms, etc. The check will not be sent without proper documentation attached to this form.

(DO NOT WRITE BELOW LINE)

_____ _____

President/Vice President Signature **Date**

_____ _____

Treasurer **Date**

For Treasurer Use Only:

Check Number: _____ **Date Paid:** _____

Amount Paid: _____ **Category:** _____