Lowrie Primary PTA

CHECK REQUEST FORM

Name of Committee:_____

Name of Person Requesting Check: _____Date: _____

Budget Category: _____

Purpose of Expenditure (please be specific):

_____

_____

_____

TOTAL Reimbursement Amount: $ _____

TO WHOM SHOULD CHECK BE PAID:

Name (please print): _____

Address: _____

Phone: _____

Committee Chair Signature: _____

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

Reminder: Expenses cannot be reimbursed without this original documentation.

Do not write below the line

AUTHORIZED BY:

_____ _____

President's Signature (if $100 over budget) Treasurer's Signature

Date: _____ Date: _____

FOR TREASURER'S USE ONLY:

CHECK NUMBER: _____ Date Paid: _____

Other Information: _____