



**PLEASE NOTE:** This form should only be completed and submitted to PTSA for food purchases or if Donna has let you know that you have already used the initial amount we gifted to the school for you.

**\*\* Please attach receipts with expenses clearly marked OR attach invoice from vendor \*\***

**CHECK REQUEST:**

Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of request: \_\_\_\_\_ Date check needed: \_\_\_\_\_  
Amount of check: \_\_\_\_\_  
Issue check to: \_\_\_\_\_  
Purpose of Funds: \_\_\_\_\_  
\_\_\_\_\_

Please have ALL teachers in the grade level sign below:

Signature: _____	Signature: _____
Signature: _____	Signature: _____
Signature: _____	Signature: _____

**APPROVAL:**

Signature of Staff Member Submitting Form: \_\_\_\_\_  
Executive Committee Member: \_\_\_\_\_

**DELIVERY:**

Teacher Mailbox	Regular Mail (Mailing Address)
_____	_____
_____	_____

**TREASURER'S USE**

Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_  
Check Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_  
Account Information: \_\_\_\_\_  
\_\_\_\_\_

Remaining Amount: \_\_\_\_\_