

Check Request Form 2018-2019

Date

To: PTA Treasurer – Jennifer Panackal

- Please issue a check to:

Name:

Address:

Telephone:

Email:

Amount:

- in payment of (please explain and **attach original receipts**)

If check is for a PTA event, **please** indicate **event, day, date**:

- Return check via student:

Student Name:

Homeroom teacher:

- Mail check to above address.

- Leave check in PTA or school mailbox.

If check is not cashed after 6 months the check will be voided. If check is lost and a replacement is needed, a \$35.00 stop payment fee will be deducted from original check amount.

Requested by: Signature

(Chairperson's Name – **Please Print**)

Check No.

Issue Date

Budget Category