

# ALMS PTA

## CHECK REQUEST FORM

(Fill out and forward to PTA President and Treasurer for approval with bills, invoices and/or receipts attached)

Payee \_\_\_\_\_

Date \_\_\_\_\_

Committee \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

**Request Being Made for:**

Date of Event \_\_\_\_\_ Name of Event/Activity \_\_\_\_\_

*Please provide a detail explanation with relevant receipts/bill/invoice attached*

<i>Date</i>	<i>Expense</i>	<i>Amount</i>
-------------	----------------	---------------

Total Amount Requested \$ \_\_\_\_\_

Approved by PTA President \_\_\_\_\_

Date \_\_\_\_\_

Paid by Treasurer \_\_\_\_\_

Date \_\_\_\_\_ Check # \_\_\_\_\_