

**Level Creek Elementary PTA**  
**Check Request Form**

Date: \_\_\_\_\_ Committee \_\_\_\_\_

Person requesting: \_\_\_\_\_ Tele. # \_\_\_\_\_

Purpose of Expense \_\_\_\_\_

Committee Vice Pres. Approval: \_\_\_\_\_

(Reimbursement will not be made without the committee vice president's approval and the original receipt attached to this form. Failure to provide a receipt may result in purchaser incurring expense.)

Check payable to: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Send to: \_\_\_\_\_ Vendor (address on attached invoice)

\_\_\_\_\_ Requestor via:

\_\_\_\_\_ Child's teacher \_\_\_\_\_

\_\_\_\_\_ Committee folder \_\_\_\_\_

\_\_\_\_\_ Home address (self address/stamped envelope provided.)

**Treasurer's Use Only:**

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

Amount \$ \_\_\_\_\_ Budget Account \_\_\_\_\_

Notes \_\_\_\_\_

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