

Level Creek Elementary PTA Check Request Form

Date: _____ Committee: _____

Person Requesting: _____ Phone #: _____

Purpose of Expense: _____

Committee Vice Pres. Approval: _____

(Reimbursement will not be made without the committee vice president's or 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 the attached invoice)

_____ Requestor via:

_____ Child's Teacher: _____

_____ Committee Folder: _____

_____ Home address (self addressed envelope and stamp must be provided)

Treasurer's Use Only:

Check #: _____ Date Written: _____

Amount: _____ Budget Account: _____

Notes: _____
