Level Creek Elementary PTA Check Request Form

**Treasurer's Use Only:**

Check #:

Date Written:

Amount:

Budget Account:

Notes:

Date: Committee: Person Requesting: Phone #: Purpose of Expense:

Committee Vice Pres. Approval:

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