

Woodstock Elementary PTA

CHECK REQUEST FORM

Name of Person

Requesting Check: _____ Date: _____

Requestor's email address: _____

Purpose of Expenditure (please be specific): _____

TOTAL Request Amount: \$ _____

TO WHOM SHOULD CHECK BE PAID?

Name (please print): _____

Address: _____

_____ Phone _____

Signature of Requestor: _____

PLEASE TAPE ALL RECEIPTS or INVOICES TO THE BACK OF THIS FORM

Reminder: Expenses cannot be reimbursed without this original documentation.

(Do not write below line.)

AUTHORIZED BY:

President's Signature

Treasurer's Signature

Date: _____

Date: _____

FOR TREASURER'S USE ONLY:

Check Number: _____ Date Paid: _____

Other
Information: _____