

2009-2010 Lincoln Heights Elementary PTA
CHECK REQUEST FORM

Name of Person Requesting Check _____ Date _____

Budget Category _____

Purpose of Expenditure (please be specific) _____

TOTAL Reimbursement Amount: \$ _____ (Sales Tax Amt. _____)

TO WHOM SHOULD CHECK BE PAID?

Name (please print): _____

Address: _____

Phone _____

PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDERS FORMS, ETC.
(Do not write below line.)

AUTHORIZED BY:

President's (or President-Elect's) Signature
(or 1st Vice President)

Date _____

Treasurer's Signature

Date _____

FOR TREASURER'S USE ONLY:

Check Number _____

Date Paid _____

Other Information: _____