

Little Tor PTA
Check Request Form

Total Amount: \$ _____ (no tax reimbursement)

Function/Purpose: _____

Requested by: _____ **Date:** _____

Check made payable to:

Name: _____

Address: _____

Telephone #: (____) _____

Self-addressed stamped envelope attached: Yes: _____ No: _____

Approved by: _____

(Committee Chairperson Signature)

(Vice President / Co-President Signature)

Total Each Receipt*:

Example: \$ 15.00 Function/Purpose: \$5.00 Book Fair / \$10.00 school

\$ _____ Function/Purpose: _____

\$ _____ Function/Purpose: _____

\$ _____ Function/Purpose: _____

\$ _____ Function/Purpose: _____

*if multiple receipts attached, highlight amount(s) on each and reflect breakout here

TREASURER'S USE ONLY

Check Date: _____

Check #: _____

Receipt Attached: _____