

# Check Request:

**Vendor Payment**      or      **Reimbursement**

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Committee: \_\_\_\_\_

Project/Event: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**INCLUDED IN  
ANNUAL BUDGET**

-or-

**APPROVED AT MEETING  
(DATE:    /    /    )**

Check Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_

\$

Delivery of Check: (Circle One)

**PICK UP CHECK**

**MAIL CHECK**

Address of Payee: (if no bill attached)  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:**

*VENDOR* bill/invoice: attach the bill to this form and the Treasurer will mail it

-or-

*REIMBURSEMENT:* Original receipt(s) totaling the amount of reimbursement must be attached.

Approved by (Committee Chairperson or PTA Officer): \_\_\_\_\_

Date: \_\_\_\_\_

Approved by (PTA Officer): \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Gail Silig, Principal: (ONLY IF NEEDED)

Date: \_\_\_\_\_

Treasurer's Use Only: Checkcard \_\_\_\_\_ Check# \_\_\_\_\_ Date: \_\_\_\_\_ Logged: \_\_\_\_\_