

WESTBROOK PTA CHECK REQUEST FORM

Date	Vendor	Description	Paid By	Cost
				\$
				\$
				\$
				\$
				\$
				\$
			Total	\$

****Proper receipts must accompany request form****

Please remember to use tax exempt forms!

Check made payable to:

PTA Function/Event:

Name: _____

Teacher/Grade where check can be sent to school:

Date of Function/Event:

Email: _____

Phone #: _____

ADDITIONAL INFORMATION/COMMENTS:

Signature of Requestor: _____ **(Date)** _____

Approved by: _____ **(Date)** _____

Print Name

Signature

(Must be approved by Committee Chairperson)

OFFICE USE ONLY

Check# _____ **Issue Date:** _____ **Date Mailed:** _____