

# Check Request Form Madison Elementary PTA

Date of Request _____
Person Making Request _____
Make Check Payable to _____
Amount of check \$ _____
Purpose _____ _____ _____
Signature of Requester _____

**NOTE:** If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses. Signature of the PTA President is required before treasurer will issue check.

Approval \_\_\_\_\_ Date \_\_\_\_\_

Date Issued _____ Check Number _____
Charged to what budget item(s) _____ _____ _____
(if more than one budget item, indicate amount for each budget item)
Comments _____ _____ _____
Treasurer's Signature _____