Grand Oak Elementary School PTA

CHECK REQUEST

SPECIFIC BUDGET LINE ITEM: _____

DESCRIPTION OF EXPENDITURE: _____

PLEASE COMPLETE BUDGET/EXPENSE INFORMATION:

*****RECEIPT MUST ACCOMPANY CHECK REQUEST AND MAY NOT CONTAIN PERSONAL/NON-REIMBURSABLE ITEMS *****

PAY TO THE ORDER OF: _____

TOTAL MULTIPLE RECEIPTS HERE

TOTAL AMOUNT REQUESTED: $_____

DATE REQUESTED: _____

DATE REQUIRED: _____

Receipt Amounts	
TOTAL	**$**

PROCESS CHECK AND: ___ Deliver check to _____ PTA Mailbox

___ Mail check to _____

_____

_____

COMMITTEE CHAIR SIGNATURE: _____

PTA PRESIDENT SIGNATURE: _____

*****Check Request must be filled out completely and with signatures of both Committee Chair and PTA President prior to being submitted. Incomplete requests or requests without appropriate signatures will be returned to initiator*****

TREASURER:

CHECK NUMBER: _____ AMOUNT: _____ DATE PAID:_____

SALES TAX PAID $_____

☐ Delivered (Date)_____ ☐ Treasury Software ☐ Spreadsheet

INSTRUCTIONS

1. Complete form & attach the receipt or invoice.
2. Obtain committee chair & PTA President's signatures.
3. Submit check request via the Treasurer's PTA Mailbox.
4. Checks are written weekly. If you need your check in less than 7 days, alert the treasurer via email

Treasury Contact: goeptatreasurer@gmail.com

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