

Check Request

Sequoyah PTA

YOUR NAME		PHONE	
FULL ADDRESS		EMAIL	
PTA COMMITTEE/PROGRAM/PROJECT			
DESCRIPTION OF EXPENSE			
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET		OR	
		<input type="checkbox"/> APPROVED AT MEETING (DATE: / /)	
DATE SUBMITTED		DATE NEEDED	
/ /		/ /	
CHECK PAYABLE TO:		AMOUNT	
		\$	
ADDRESS OF PAYEE (if no bill attached)			

If this is a bill that needs to be paid, attach the bill to this form and the Treasurer will mail it

For Accounting Purposes Only - DO NOT FILL OUT

APPROVED BY TREASURER	DATE / /
APPROVED BY PTA OFFICER	DATE / /
CHECK #	DATE / /