

J. W. York Elementary PTA  
**CHECK REQUEST FORM**

Name of Committee \_\_\_\_\_

Name of Person  
Requesting Check \_\_\_\_\_ Date \_\_\_\_\_

Budget Category \_\_\_\_\_

Purpose of Expenditure (please be specific) \_\_\_\_\_

TOTAL Reimbursement Amount: \$ \_\_\_\_\_ (Sales Tax Amt. \_\_\_\_\_)

TO WHOM SHOULD CHECK BE PAID?

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

**PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDERS FORMS, ETC.**  
(Do not write below line.)

AUTHORIZED BY:

\_\_\_\_\_  
President's (or Vice President's) Signature

\_\_\_\_\_  
Treasurer's Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

**FOR TREASURER'S USE ONLY:**

Check Number \_\_\_\_\_

Date Paid \_\_\_\_\_

Other Information: \_\_\_\_\_