



## CHECK REQUEST FORM

**Submit to Treasurer – Jill Crook - via PTA box in front office**

1. Please complete all information requested below. Invoices / receipts must be submitted with this form or no check will be issued.
2. Check requests will be picked up at school on a weekly basis and checks will be mailed or delivered to school within 30 days.
3. If immediate payment is required (for example, an invoice that must be paid within 30 days) or special arrangements have been made, please notify Jill Crook at 919-259-5076 or [jillcrook@yahoo.com](mailto:jillcrook@yahoo.com) at the time this form is submitted.
4. If the check request exceeds \$200, the PTA President must sign this form. YOU MUST CONTACT THE PTA PRESIDENT OR TREASURER PRIOR TO INCURRING AN EXPENSE IN EXCESS OF \$200.
5. Submit this Form (with invoices/receipts) to Treasurer via PTA box in front office.

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Purpose of Expenditure/Specific Event:** \_\_\_\_\_

Requested By: \_\_\_\_\_ Budget Line Item: \_\_\_\_\_

Approved By: Committee Chair (signature, required) \_\_\_\_\_

PTA President if Over \$200 (signature) \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_ Date Check Needed By: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please highlight if date is within 30 days)

Make Check Payable To: \_\_\_\_\_

Send Check to:

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Treasurer's Use Only

Check # \_\_\_\_\_ Check Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sales Tax \$ \_\_\_\_\_