

## CHECK REQUEST FORM

### Fairwood Elementary PTSA 9.7.15

For Treasurer's Use	
Check #	_____
Check date	_____
Check amount	_____
MM date	_____

- All receipts must be submitted within **30 days** of the event or purchase date.
  - Attach **original** receipts to the back of this form.
  - Committee expenses must be part of a board-approved committee **Plan of Action**.
  - Committee chairs are responsible for **tracking** all expenditures of their committee & staying within the current approved **budget**.
- Submit this form at least **7 days** before payment deadline.
  - All requests must be received by **June 10th**, unless prior arrangement is made with the Treasurer, or they will be considered a donation to the PTSA.
  - **Treasurer Contact:** treasurer@fairwoodptsa.org

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

**CHECK DELIVERY:**  Please hand deliver check     Please place check in **Committee Folder/Mailbox**

Please send to **Mailing Address:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    **E-MAIL:** \_\_\_\_\_

**SPECIFIC BUDGET LINE ITEM:** \_\_\_\_\_

**REQUEST TYPE**

- Pay Invoice (include **two copies** of the invoice to be paid)  
                   Amount Due: \_\_\_\_\_    Date Due:    \_\_\_/\_\_\_/\_\_\_
- Payment of Contract (**copy of contract** must be on file with treasurer)  
                   Amount Due: \_\_\_\_\_    Date Due:    \_\_\_/\_\_\_/\_\_\_
- Cash Box Request (**cash box inventory form** required when post-event deposit is made)  
                   Amount: \_\_\_\_\_    Date Needed: \_\_\_/\_\_\_/\_\_\_
- Reimbursement (receipts required, **staple to back of form**)

<u>AMOUNT:</u>	<u>DATE:</u>	<u>DESCRIPTION:</u>
\$ _____	___/___/___	_____
\$ _____	___/___/___	_____
\$ _____	___/___/___	_____
\$ _____	___/___/___	_____
\$ _____	___/___/___	_____
\$ _____	___/___/___	_____

**TOTAL:** \$ \_\_\_\_\_

**\*\*\*APPROVAL\*\*\***

\_\_\_\_\_  
**Name of Requestor**

\_\_\_\_\_  
**Date Requested**

\_\_\_\_\_  
**Name of Chair or Director**

\_\_\_\_\_  
**Signature of Requestor**

\_\_\_\_\_  
**Phone**  
 (if different than above)

\_\_\_\_\_  
**Signature of Chair or Director**

**By signing, you acknowledge that the expenses listed above are part of a board-approved Plan Of Action and do not exceed the current, approved budget.**