PTA/PTSA				
CHECK REQUEST				

Date:				
			Cl	neck #:
			Chec	k Date:
Payable to:				
Amount: _				
Receipts at	tached: Y	N		
Funds spent	t for:			
Date	<u>Place</u>	<u>Purpose</u>		Amount
				\$
				\$
				\$
				\$
				Ψ
				\$
				\$
				\$
			TOTAL	\$
Signature:				
Apply to: _				
	budget line item			
Check Signer 1			Check Signer 2	