

WINSTON CAMPUS ELEMENTARY PTA

CHECK REQUEST

Date \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Check Payable to \_\_\_\_\_

Send home with Child? Y or N

Put in Folder for Committee? Y or N

Teacher/Rm # \_\_\_\_\_

Or Mail to \_\_\_\_\_

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For \_\_\_\_\_

Committee to Charge \_\_\_\_\_

Requested by (if not chair) \_\_\_\_\_

Committee Chair's Signature\*\* \_\_\_\_\_

\*\* MUST be signed by Chair/ Check will not be issued without signature FIRST!!

Please staple all invoices and/or receipts to the back of this form.

Tax will ONLY be paid for items being resold by PTA.

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Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_

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