

WINSTON CAMPUS ELEMENTARY PTA CHECK REQUEST

Date Requested _____ Total Amount Requested \$ _____

Check Payable to _____

Address _____

Phone Number _____

Please check one: Put in Committee Folder OR Put in the mail

Committee to Charge _____

For (Event or Expense Account) _____

Requested by (if not chair) _____

Committee Chair's Signature** _____

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

Date Purchased	Vendor & Items Purchased Summary	Amount Requested
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total Amount Requested	\$

Please attach **all** invoices and/or receipts to this form and place in the treasurer's mailbox.

Make sure to keep a copy for your records as well. (Copies are acceptable.)

NOTE: Please use a Tax Exemption Letter as taxes will not be reimbursed.

Date Paid _____ Expense Account Posted _____

Treasurer's Signature _____ Check Number _____