Vienna Elementary School

PTA

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CHECK REQUEST FORM

for parents & volunteers

TREASURER USE ONLY:

Check Number:_____

Check Date:_____

❑Mailed ❑Pony ❑Picked-up ❑Delivered

Date:_____ Comments:_____

Check Vendor Information:

Payable to:_____

Address:_____

City_____State_____ Zip Code_____

Phone Number:_____Fax Number:_____

Description: _____

_____

Budget Account	Amount

If this is not a budgeted item, at what date was this expenditure approved by the membership? Date:_____

Total Amount of Check: $_____ **Date Check Needed**:_____

Requestor:_____**Phone Number:**_____

Approval:

President _____ **Treasurer** _____

signature date signature date

All requests must be signed by the requestor prior to submission to the Treasurer. Please paper clip copy of receipt/invoice to this request form. Reimbursement requests must be made within 60 days of purchase date on receipt. Exceptions must be approved by Treasurer.