

---

# PTA Check Request Form

---

PTA \_\_\_\_\_

Region \_\_\_\_\_ Council \_\_\_\_\_

Paid by Check No: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Pay to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*City State ZIP*

For: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

*Person requesting check*

Receipt Attached:

Approval: \_\_\_\_\_

*President*

Sales Tax \$ \_\_\_\_\_

Approval: \_\_\_\_\_

*Treasurer*

---

Attach Receipt here:

Attach Canceled check here: