

MIRA COSTA PTSA CHECK REQUEST FORM

Check # _____
Date _____
Acct. _____

1. Attach bills or receipts.
2. Keep a copy of request for your files.
3. Payment must be approved by Chairperson (if different from requester) or PTSA President.*
4. Forward request to Treasurer for reimbursement.

Requested by: _____ Phone: _____

Committee/Function: _____ Date Requested: _____

Make Check Payable to: _____ Check Amount: _____

Mailing Address: _____

EXPENSE DESCRIPTION

Amounts

1. _____	_____
2. _____	_____
3. _____	_____

Total amount requested

*Approved by: _____
(cannot be same as requester)

Please retain a copy for your records.