

Lowrie Primary PTA CHECK REQUEST FORM

Name of Committee: _____

Name of Person
Requesting Check: _____ Date: _____

Budget Category: _____

Purpose of Expenditure (please be specific):

TOTAL Reimbursement Amount: \$ _____

TO WHOM SHOULD CHECK BE PAID?

Name (please print): _____
Address: _____
Phone _____

Committee Chair Signature: _____

PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDER FORMS, ETC.
Reminder: Expenses cannot be reimbursed without this original documentation.
(Do not write below line.)

AUTHORIZED BY:

President's Signature (if \$100 over budget)
Date: _____

Treasurer's Signature
Date: _____

FOR TREASURER'S USE ONLY:

Check Number: _____ Date Paid: _____

Other Information: _____