

Parkhill Junior High PTA Check Request Form

Payable to: _____ Date: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Account(s)/Committee(s) to Debit:

(If your reimbursement reflects more than one account, please identify each and the amount that should be deducted from each.)

<u>Item</u>	<u>Place of Purchase</u>	<u>Amount</u>
	Total:	

(Receipts must be attached and sales tax will not be reimbursed)

Treasurer's Notes:

Invoice Received: _____

Date paid: _____ Mailed: _____

Check Number: _____

Amount of Check: _____

Remarks:

Chairman's Authorization: _____ **Date:** _____

Treasurer's Signature: _____ **Date:** _____

President's Signature: _____ **Date:** _____

Attach receipt(s)