

Check # _____

PTA CHECK REQUEST FORM

Please fill out this form to receive your check. **Be sure to attach receipt(s) or funds cannot be distributed.** Return to the PTA box in the office and we will issue your check.

Date of request: _____ Date check(s) needed by: _____

Person requesting funds: _____

Teacher or Staff member (please indicate if splitting with others)

PTA Officer, Board Member or other volunteer

Funds will be used for: _____

Committee or Certificate Person(s) Name: _____

Make check(s) payable to: _____

In the amount of: \$ _____ Return check to: _____

Mail check to: _____

Pay invoice, when received, to: _____

PLEASE NOTE:

Our N.M. Congress of Parents/Teachers tax-exempt number is **CRS # 02-187792-000**

For Treasurer's Use:

Approving Officer: _____

Account credited to: _____

Check(s) payable to: _____

Date of check: _____ *Amount of check:* \$ _____

Receipt Description or Invoice Number: _____

Second signer of check: _____