

Check Request Form – Douglas MacArthur PTA

For Treasurer's use only:

Check # _____

Date: _____

Please complete form and attach / scan original receipts or invoice.
Payment over \$100 must be approved by the PTA President on this form.*

Date: ____ / ____ / ____

Committee, event or program: _____ Amount: \$ _____

Description of Expense: _____

Check to be payable to: _____

Payee's address: _____

Payee's email / phone: _____

Requestor's name and email/phone: _____

*Approved by: _____

Choose one: ☐ Mail check to payee ☐ Return check to requestor ☐ Other (specify below)