

**Berkeley Lake Elementary PTA**

**Check Requisition Form**

**ALL REQUEST MUST BE MADE WITHIN 30 DAYS OF RECEIPTS**

Date: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Requested Check Amount: \$ \_\_\_\_\_

Committee/Office: \_\_\_\_\_

Reimbursement Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\*\*If you want the check mailed to you, please attach a self-addressed, **STAMPED** envelope.\*\*

Otherwise check will be in your committee folder at school.

**PLEASE ATTACH** receipts or other information to the back of this form.

**YOU MUST UNDERSTAND** you will NOT receive a check without receipts or supporting documents!

PLEASE PUT THIS COMPLETED CHECK REQUEST IN THE PTA BOX IN THE FOLDER MARKED "TREASURER". THANK YOU!

\_\_\_\_\_

Treasurer Use Only:

Check # \_\_\_\_\_ Check Date: \_\_\_\_\_ Issue Amount: \_\_\_\_\_

If Split Check: Committee Allocation:

Committee: \_\_\_\_\_ Amount: \_\_\_\_\_

Committee: \_\_\_\_\_ Amount: \_\_\_\_\_

Committee: \_\_\_\_\_ Amount: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

Co-Signature: \_\_\_\_\_

Example A