

**DIST 27 PTA CHECK REQUEST FORM**

\_\_\_ Council \_\_\_ WO \_\_\_ SH \_\_\_ HP

DATE \_\_\_\_\_

Payable To: \_\_\_\_\_

Address (Only if check is to be mailed): \_\_\_\_\_

\_\_\_\_\_

Amount (Without tax): \_\_\_\_\_ (Please attach receipt)

Item(s) Purchased: \_\_\_\_\_

Committee Purchased For: \_\_\_\_\_

Signature: \_\_\_\_\_

Will you need to pick up check? \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_

For Treasurer's Use:  
Check Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
President's Approval (if necessary) \_\_\_\_\_

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