

Martin Luther King Elementary School



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CHECK REQUEST FORM

Date of request: _____

Person Requesting Funds: _____

Phone #: _____

PTA Committee/Event: _____

Check to be written to: _____

How do you want the check to be delivered? (Preferred delivery method)

Mail check to the following address:

Call me when it is available for pick up

Other

Items/Services Purchased:

Description	Amount

Total Amount: _____

Invoices and/or receipts must be attached

I acknowledge that these funds were requested for the purpose of PTA business: _____

Signature of Person Requesting Reimbursement

Note: Normal processing time is 1 week for processing and signature of a check.

If you need your check processed faster, please contact the Treasurer Varsha Manjrekar at ptatreasurer@mlkedison.org and inform that there is a check request waiting at school.

All lost checks are subject to a \$30 stop payment fee.

FOR TREASURER'S USE ONLY	
Check #:	Date issued:
Charged to what budget item:	
Comments:	