

DIS PTA Request for Bank Check

| | |
|-----------|------------------------------|
| Treasurer | Check Number _____ |
| Use | Date Paid ____ / ____ / ____ |
| Only: | Posted _____ |

Name: _____

Address:

Phone: _____

E-Mail: _____

Committee: _____

| |
|---|
| Mail to: (if different than requested by) |
| |
| Payable to: (if different than requested by) |
| |

| Description of expenses | AMOUNT: |
|-------------------------|---------|
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|--|-------------------|--|
| IRS Identification No: 91-1789978 | TOTAL DUE: | |
|--|-------------------|--|

Please note: NO SALES TAX can be reimbursed. Please use Tax Exemption form when making purchases. Please attach all receipts and supporting documents to ensure proper payment.

| Treasurer Use Only | Committee: | Amount: |
|---------------------------------------|---|---------|
| Amount within budget? | Yes No | _____ |
| If No: Expense approved by Motion? | Yes | _____ |
| Date Passed: _____ | | _____ |
| Treasurer – | Jennifer Jones disptatreasurer@gmail.com 30948 Pinehurst Drive (216)538-1647 | |

Please bring check to next DIS PTA meeting

Please mail check. I have included a self-addressed stamped envelope