

# DIS PTA Request for Bank Check

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

Address:

\_\_\_\_\_

Phone:

E-Mail:

Committee:

\_\_\_\_\_

<b>Treasurer</b>	Check Number _____
<b>Use</b>	Date Paid _____ / _____ / _____
<b>Only:</b>	Posted _____

<b>Mail to: (if different than requested by)</b>
<b>Payable to: (if different than requested by)</b>

Description of expenses	AMOUNT:

<b>IRS Identification No: 91-1789978</b>	<b>TOTAL DUE:</b>	
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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.

<b>Treasurer Use Only</b>	Committee:	Amount:
Amount within budget?	Yes      No	_____
If No:		_____
Expense approved by Motion?		_____
Date Passed: _____	Yes	_____
<b>Treasurer –</b>		Allyson Mears 1745 Holdens Arbor Run (216) 280-6115

Please bring check to next DIS PTA meeting

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

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