

Wakefield Middle School PTSA
CHECK REQUEST FORM

REQUESTED BY: _____ DATE _____ THIS CHECK TOTAL: \$ _____

PURPOSE OF EXPENDITURE (PLEASE BE SPECIFIC): _____

BUDGET LINE ITEM(S): _____

COMMITTEE CHAIR SIGNATURE _____

VP OF COMMITTEE SIGNATURE _____

HOW WOULD YOU LIKE YOUR CHECK? (CHECK ONE)

_____ PICK UP AT THE PTSA MAILBOX

_____ MAIL TO HOME/BUSINESS ADDRESS LISTED BELOW (include a self addressed envelope)

MAKE CHECK PAYABLE TO:

Name _____

Address _____

Phone _____ Email: _____

*****No Expenses can be reimbursed without the ORIGINAL receipts. Please staple all original receipts, invoices, order forms, etc to this request form. All request forms will be picked up on a weekly basis and processed on a biweekly basis. First and third Thursdays. There must be TWO signatures on this form at all times.*****

AUTHORIZED BY:

President Signature

Date

Treasurer Signature

Date

FOR TREASURER USE ONLY:

Check Number _____ Date Paid _____ Amount \$ _____ Date Processed _____

Additional Information: _____