

Mark Twain PTA Check Request

****Attach original invoices or receipts. All reimbursements must have receipts.**
 Payment requests need to be turned in within 30 days of expenditure.**

Check Payable To: _____

Mail Check To: Name: _____

Street: _____

City, State, Zip: _____

Date:	Description of Item	Purpose	Amount
Total:			

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

Signature of PTA member

Note: Normal processing time is 2-3 weeks for the processing and signature of a check. In order to speed up the process, let the Treasurer know there is a check request waiting at school.

All PTA Records Audited on Annual Basis

For use by PTA/ Treasurer

PTA Board Approval Signature: _____

PTA Board Approval Date: _____

Check Number: _____ Date Issued: _____ Date Mailed: _____