

Falls Lake Academy PTA

Check Request Form



Please print all fields.

Date: _____

Name of Person Requesting Check: _____

Purpose of Expenditure (please be specific):

TOTAL Reimbursement/Check Amount: \$ _____

+ TO WHOM SHOULD THE CHECK BE PAID +

Name: _____

Address: _____

Phone: _____

E-mail Address: _____

PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDERFORMS, ETC.

(Do not write below line)

Authorized By:

Authorized Approval Signature

Date: _____

Treasurer's Signature

Date: _____

FOR TREASURER'S USE ONLY

Check Number: _____ Date Paid: _____ Amount Paid: _____

Other Information: _____