



Academics  
Activity  
Advocacy

# Check Request Form

*(Checks will be delivered to your PTA folder at PVP unless otherwise noted)*

Pay to the order of: \_\_\_\_\_

Committee/Account: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Requested by/Signature: \_\_\_\_\_

Reviewed by /Signature: \_\_\_\_\_ - Treasurer

Date Submitted: \_\_\_\_\_

Please attach all receipts, use additional blank pages if needed. Receipts can be from multiple dates and/or retailers. Purchases for different purposes can be combined. Funds CANNOT be issued without proof of purchase.  
**Receipts must be submitted within 60 days of the event/program**

Description:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL

\_\_\_\_\_

Check # \_\_\_\_\_ Date: \_\_\_\_\_ Recorded in Ledger: \_\_\_\_\_