

Hope Valley PTA CHECK REQUEST FORM
ORIGINAL RECEIPT(S) MUST BE ATTACHED

Please print and put in the PTA lock box by the front doors.

Requestor's Name: _____

Requestor's E-mail : _____

Checks will be hand delivered to you in school or mailed.
Checks will not be delivered to the school mailboxes

Mailing Address (if you would like check mailed):

Amount Requested:

Description of Purchase:

_____	_____

_____	_____

Check Number: _____

Date Issued: _____

Signature of President Authorizing Payment: _____

Budget Line Item: _____