

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.
 Deadline 2/15/19***

Requestor's Name: _____

Date Requested: _____

Requestor's E-mail : _____

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

Distributed By: _____

Recieved by: _____

Date Recieved: _____

Amount Requested:

Description of Purchase:

Check Number: _____

Date Issued: _____

Signature of President Authorizing Payment: _____

Budget Line Item: _____