

CHECK REQUEST FORM

Graham Middle School PTA
 Attn: Treasurer
 grahamptatreasurer@gmail.com

Date: _____	
Check Amount: _____	
Payable to (please print clearly): _____	
Distribution: _____	
("Mail" if check should be mailed to address below, or "Staff Mailbox")	
Description of Request (this request is for the following activities or budget items):	
Activity/Budget Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Requested (must agree with Check Amount above):	\$ _____
Mailing Address if the Check is to be mailed:	
Name: _____	
Address: _____	
City, State, Zip: _____	
Approval Signature: _____	Date: _____
(For all non-teacher/administrator requests, expenses over \$500 must be approved by committee lead)	

PTA Approvals

Treasurer:		Date: _____
President:		Date: _____
Secretary:		Date: _____

Check # _____ Amount _____