

APEX ELEMENTARY SCHOOL PTA CHECK REQUEST FORM

Date Requested: _____

Requested By:

– Staff: _____
(Grade/Specialty)

– PTA Member/Parent

Payment Method (Choose one):

– Check *(Refund personal funds)*

– Invoice *(Voucher to pay vendor)*

– Other

Amount: \$ _____

Payable To:

Deliver Check To:

– AES Mailbox

– This Address:

– Other: _____

Budget Distribution:

– PTA Budget Categories

\$ _____ - _____

\$ _____ - _____

\$ _____ - _____

– Curriculum

\$ _____ - _____

– Special Grants

\$ _____ - _____

NOTE: TO RECEIVE PAYMENT:

- **ALL INFORMATION ON THIS FORM MUST BE COMPLETE.**
- **AN INVOICE OR RECEIPT MUST BE PROVIDED.**
- **PLACE COMPLETED FORM IN CHECK REQUEST FOLDER (LOCATED IN MAIL ROOM PTA FILE).**

Approved: _____ Date: _____
(Curriculum and Special Grants must be approved by committee chair.)

Treasurer:

Check #

Date Issued

Check Issued To