

Dommerich PTA
Check Request

Date: _____

Make check payable to:

Amount: \$ _____

Reason for check:

Requested by: _____

Phone Number: _____

Email: _____

Committee: _____

Date Needed: _____

Address for mailing check:

May check be placed in your committee box?

Yes ___ No ___

Please attach your receipts or invoice to this form. Please submit within 30 days of invoice date. Thank you!

This section to be completed by the PTA
Treasurer

Date of Check: _____

Check # _____

Line Item _____