



# Hendricks Avenue Elementary School PTA

## Check Request Form



Date of Request: \_\_\_\_\_

Date Check Needed: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

### Summary of Expenses

Receipt Number	Date	Place of Purchase	Description of Item(s)	Purchase Price (Including Sales Tax)
<b>Total =</b>				

**INSTRUCTIONS:**

1. Please staple receipts to back of check request. Receipts should be numbered, listed and organized in a sequential order (e.g., 1, 2, 3, etc.).
2. Please provide a brief description of the items purchased (e.g. "Banquet Tablecloth and Utensils").
3. When all items on a receipt are directly-related PTA expenses, a single entry on this form should be sufficient unless descriptions require expense items to be categorized.
4. When expense items on a receipt are mixed in with non-PTA expenses, itemize expenses (items can be grouped (e.g. "office supplies")) and sales tax should be calculated.
5. Please provide descriptions for purchased items as store abbreviations on receipts are often times difficult, if not impossible, to discern.

**REQUESTOR'S INFORMATION:**

Please sign and provide your written name, your email address and the name of your committee and/or the budget line item to be assigned to your request. Correspondence regarding the request will be completed via email.

Requestor's Signature: \_\_\_\_\_

Written Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Committee/Budget Item: \_\_\_\_\_

**APPROVAL AND ACCOUNTING**

Signatures in this section indicate that the check request is documented and that receipts/invoices and the requested amount are balanced.

Check Signer 1: \_\_\_\_\_

Check Signer 2: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

