

MCLEAN 6TH GRADE CENTER PTA

CHECK REQUEST FORM

Payable to: _____ Date needed: _____

Address: _____ Phone: _____

Check requester: _____ Date: _____

Account to Debit: _____ Invoice # _____

(If your invoice reflects more than one account, please identify each and amount that should be deducted from each.)

| Item | Place of Purchase | Amount |
|------|-------------------|--------|
| | | |
| | | |
| | | |
| | Total | |

(Receipts should be attached and sales tax will not be reimbursed)

| |
|---|
| <p><u>Treasurer's Notes:</u></p> <p>Date Invoice _____</p> <p>Received: _____</p> <p>Plan of Work: _____ Motion: _____</p> <p>Date Approved: _____ Paid: _____</p> <p>Check Number: _____</p> <p>Amount of Check: _____</p> <p style="text-align: center;"></p> |
|---|

Remarks:

Chairman's Authorization: _____

Treasurer's Signature: _____

Attach receipt(s)