

CHECK REQUEST FORM

BOURNE PTA

DATE OF REQUEST: _____ AMOUNT OF CHECK: _____

MAKE CHECK PAYABLE TO: _____

PERSON REQUESTING CHECK: _____

SCHOOL/EVENT: _____

REQUESTER'S PHONE or EMAIL _____

W-9 on file: YES or NO (Please have W-9 filled out for payment of \$600.00 or over; this should include multiple payments totaling \$600 or over for any individual hired for PTA purposes)

PURPOSE: (Please specify what the program/event is and what grades the program/event is for. If requesting funds for goods, please specify what is being purchased.)

How would you like the check to be delivered?

MAIL check to the following address: _____

CALL me when it is available for pick up

OTHER: _____

APPROVAL:

Approved at Meeting – Date of Meeting: _____ Approved through Budget

RECEIPT or INVOICE MUST BE ATTACHED TO THIS FORM BEFORE A CHECK WILL BE ISSUED

Any questions contact the Treasurer at bourneptatreasurer@gmail.com

FOR TREASURER'S USE ONLY

CHECK # ISSUED: _____ DATE: _____

ENTERED IN QUICKBOOKS, DATE: _____

COMMENTS: _____