

**TO: PTSA** 

## CHECK REQUEST FORM - PLACE IN PTSA MAILBOX IN OFFICE

From:	Phone:	
Date of Request:	Date Needed By:	
Was this item approved in the Annual Budget? Y N	I	
If this is a non-budgeted item, in the excess of \$50, was approval received from a PTSA Membership Vote? Y N		
If this is a non-budgeted item, less than \$50, was approv	al received from the PTSA Executive Board? Y N	
Please issue a check payable to		_ in the
amount of \$ to cover the cost	t of	
This amount should be debited from the budget line item	and/or committee of:	
Send the check to:		
To Requester via Child's Name and Teacher		
	OR	
Mail to Vendor Address as Below:		
Please note – an INVOICE or a RECIEPT MUST be att documentation.	ached. Payment will not be made without proper	
WE WILL NOT REIMBUIRSE FOR SALES TAX.		
The Kilbourne Middle School PTSA is a registered 501(c)(3) no	ot for profit organization Tax ID: 31-1387183	
TREASURER USE:		

PAID DATE: \_\_\_\_\_

CHECK #: \_\_\_\_\_ Notes: