PAUL ECKE CENTRAL PTA
CHECK REQUEST & REIMBURSEMENT FORM

Treasurer's use only:

Check #:_____

QB Category: _____

Date: _____

Payable to: _____

Address: _____

_____

Telephone: _____

Submitted by: _____

Please attach receipts to this form.

Receipt Date	Vendor Event	Budget Category	$ Cost
		TOTAL	

Distribution of check (check both:

Return to Requestor ☐

Mail to Requestor ☐
(Please include a self-addressed, stamped envelope if you would like your check mailed to you)

Mail to Vendor ☐
(*Checks to outside vendors will be mailed by the treasurer unless specified otherwise)*

Signature of person requesting check: _____

Submit to Treasurer Folder in PTA Box in PEC Office
Veronika Clough - PEC PTA Treasurer - clough@pobox.com