

**NBMS PTSA
CHECK REQUEST FORM**

Please complete a separate check request form for each payee and attach copies of all receipts and invoices. If submitting multiple receipts, please provide an itemization.

Date of Request: _____

Requested by: _____

Phone: _____ Email: _____



Pay to the Order of: _____

Amount: \$ _____

Payee's Mailing Address: _____
(or pick-up instructions) _____

Description/Purpose: _____

Due Date (if any): _____

Charge to*: _____
(Line Item/Category from Budget)

*** IMPORTANT: The amount requested cannot exceed the budgeted amount without prior approval of the PTSA. Please contact the Committee Chair or Treasurer if you have questions.**

~ ~ ~ PLEASE ATTACH RECEIPTS/INVOICES ~ ~ ~

For treasurer's use only:		
Date paid: _____	Check No. _____	Cleared: _____
Comments: _____		