

UCHS PTSA

Check Request Form

\*Please email completed form to ravinefamily@gmail.com or

leave in Treasurer’s Folder in PTSA box

\*\*Receipts and form must be submitted within 30 days from date of purchase or event

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested:\_\_\_\_\_\_\_\_\_\_\_

(Please attach original receipts totaling the amount requested)

Requested by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make Check Payable to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Treasurer’s use only)

Date Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check No.:\_\_\_\_\_\_\_\_

Budget Category:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification Signatures: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_