

River Ridge Elementary PTA

Check Request

(Staple all Receipts on Back of Page)

CHAIRPERSONS: Submit this form to your Vice President. Their signature is required for payment.

Payable to: _____ Amount needed: _____

Address: _____ Date: _____

Check requester: _____ Phone: _____

Budget area to be charged: _____

(If your invoice reflects more than one budget area, please identify each and amount to be deducted from each.)

Vice Presidents Authorization: _____

Item	Place of Purchase	Amount
	Total:	

<u>Treasurer's Notes:</u> Invoice Received: _____ Payee: _____ Date Paid: _____ Check Number: _____ Amount of Check: _____

Remarks:

Treasurer's Signature: _____

When making purchases, please DO NOT submit receipts that have personal items on them. Please request a separate receipt for all PTA transactions.

(Sales tax will **not** be reimbursed)