

# Heritage Middle School PTA Check Request

Date Request Made: \_\_\_\_\_

## Budget Expense Category:

Membership: \_\_\_\_\_

Spirit Wear: \_\_\_\_\_

No Fuss: \_\_\_\_\_

Retail Rebates: \_\_\_\_\_

Hospitality: \_\_\_\_\_

Student Appreciation: \_\_\_\_\_

Sponsorship: \_\_\_\_\_

Teacher Appreciation: \_\_\_\_\_

Other: \_\_\_\_\_

**\*\*Invoice must be attached for payment.\*\***

TOTAL: \_\_\_\_\_

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

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

Mail to: \_\_\_\_\_

Print Name of Person Requesting Check: \_\_\_\_\_

Signature of Person Requesting Check: \_\_\_\_\_

Authorized: Yes No

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*Signature of President/Treasurer required, if not person requesting above.*

\*\*\*\*\**(completed by Treasurer)*\*\*\*\*\*

Date Check Issued: \_\_\_\_\_

Check Number: \_\_\_\_\_