



Grand View PTA Check Request Form

This section to be completed by the Treasurer for audit.

Check # _____ Amount \$ _____ Date _____
Payee _____ Account _____

1. Fill out form completely (preferably by typing directly in the form fields on a computer).
2. Print a copy and save a digital or paper copy for yourself.
3. Obtain approval and signature from Event Chair (if applicable) and provide them a copy.
4. Attach **original receipts** and self-addressed, stamped envelope.
5. Submit completed form with attachments in the "To Be Approved" Folder in the PTA Room.
6. Please allow up to ten business days for reimbursement.

This section to be completed by the person requesting the check.

Requested by: _____ Today's Date: _____

Phone # _____ Mobile # _____ Email _____

Deliver check to: My GV mailbox/folder Mail in self-addressed, stamped envelope

Special delivery instructions: _____

Description of Expense (provide **original receipts** for all amounts)

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Check payable to: _____ TOTAL \$ _____

Expense will fund (teacher allowance / field trip / activity / event): _____

Event Chair / Principal Approval (Chair: please retain copy for Event Manual): _____

Items purchased are considered property of Grand View Elementary PTA

Approved: _____ President

Approved: _____ Exec VP

Approved: _____ Secretary