

# WHS PTSA CHECK REQUEST FORM

**ACCOUNT:**



PTSA



ANGP



5K RUN

**PAY TO:**

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Please print clearly)

Address (if needed) \_\_\_\_\_

Telephone \_\_\_\_\_

**Total amount of check:** \$ \_\_\_\_\_  
(PLEASE NOTE: Do not include any Sales Tax)

- Attach receipts on back** (*required for audit documentation*)
- Description** (including event, program, project):

**OFFICER/CHAIRPERSON MAKING REQUEST:** (may NOT be the same as payee)

Name \_\_\_\_\_

Telephone \_\_\_\_\_

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(For use by treasurer)

**Budget Category:**

**Amount:**

	\$ _____
	\$ _____
	\$ _____

NOTES:

**Date Paid** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Total Paid \$** \_\_\_\_\_