

Oak Hill PTA

Check Request

DATE: _____
NAME: _____
TELEPHONE #: _____
EMAIL: _____

Remaining Budget Amount _____
 (Do you still have money available to spend?)

Make Check Payable to:

Date Check is Needed/Due Date: _____

Check one of the following:

- Mail as addressed above with attached invoice
 Return to my PTA folder

List of items to be purchased	Account	Amount
Total Amount:		

Please Note: The PTA can not reimburse for state sales taxes paid.

Please attach Invoices or purchase orders.

Treasurer's Notes:	Comments to the Treasurer
Invoice Received	
Date Paid	
Check Number	
Amt Paid	
Account Charged	