

**Guilford County Council of PTAs
Check Request Form**

Date of Request: _____

Person Requesting Check: _____

Check is for what purpose? _____

Budget Line or Category: _____

If you are not the chair of this committee, please have the chair sign here:

Amount Requested to be paid: _____

Address: _____

Signature of Requester: _____

Attach all receipts, invoice, order forms, etc. to the check request

Authorized by President or President-Elect: _____

NOTICE: Approval must be obtained on all purchases. Failure to obtain approval may result in the requester having to incur the expense. Signature of the Council President or President Elect is required before the Treasurer will issue a check.

For Treasurer's Use Only

Check #: _____ **Date of Issuance:** _____ **In the amount of:** _____

Check to Budget line item: _____

Check Posted Date: _____

Comments: _____
