



Check Request

Deer Crossing Elementary School PTA

Your name:		Phone:	
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Event:		Date:	
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Make check payable to:			
Name:	-----		
Mailing Address:	-----		

Phone Number:	-----		

Budget Account:		Amount:	
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Committee Chairperson/Board Member Approval			
Printed Name:		Signature:	

Treasurer Use Only			
Received On:		Signature:	
Check Number:		Issued On:	

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| <ol style="list-style-type: none"> 1. Please submit all check requests at least 5 days prior to when a check is needed. 2. Per PTA rules, original receipts and final invoices must be attached to this form for a check to be issued. 3. Incomplete forms will not be accepted or paid. |
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