

☐ Reimbursement

☐ Payee is a current year PTA member.

## VISTA VERDE PTA



## **Check Request Form**

 $\square$  Payment to a vendor

Itemized invoice is attached.

Eligibility / Requirement for Issuing Check (please indicate and submit required documentations):

☐ Original itemized receipt or ☐ This Check Request Form is submitted to PTA Treasurer	completed and	☐ This Check Request Form is completed and submitted to PTA Treasurer.
<ul> <li>purchased, listed by price an</li> <li>Please submit completed Ch or by mail: PTA Treasurer, Vi</li> </ul>	d quantity, total (\$), and preck Request Form and originate Staverde School, 6 Federal surer@VistaVerdePTA.org	inal receipt(s) to PTA mail slot in teacher lounge at school tion Way, Irvine CA 92603. For faster processing, email and drop off or mail original paperwork to PTA.
Date:	Requeste	ed By:
Check Amount:	Check Payable To (Payee):	
Check Delivery By: ☐ Pick up ☐ Mail		□ Other
Address:		
Contact Name:	Phone:	
Purpose/Event:		Email:
FOR PTA USE ONLY:		Multiple Receipts:
		1.
		2.
President's Signature	Date	3.
		4.
Secretary's Signature	Date	5.
		6.
Check #:		7.
		8.
Check Date:		9.
-		10.
Budget Category:		Total:
		00.2040