

**EASTVIEW PTA
CHECK REQUEST
2018-2019**

Treasurer Use Only:	
Check #	
Date	
Amount	

Date: _____

Date Required: _____

Amount: _____ () Receipt Attached
(PTA cannot reimburse for sales tax.)

Payable To: _____

Committee: _____

Member Name: _____

Budget Remaining: _____

Approved: _____ (By President or President-Elect)

Form must be signed by President or President-Elect prior to being submitted to the Treasurer.

Description: _____

Checks will be placed in committee folders in the PTA Box. If the check is to be mailed please note the address below.

() PLEASE MAIL THE CHECK TO THE FOLLOWING:

If you have any questions, please contact the Treasurer, Kim Snavelly at 419-351-3751.