

CHECK REQUISITION FORM

Date: _____

Pay to the order of: _____

Email (if you want notification that check is on the way): _____

Amount: (do not include sales tax)

\$ _____

How would you like the check delivered?

Backpack: Child's name & homeroom _____ Mail _____ Other _____

Reason for reimbursement/disbursement: _____

PTA President's approval: _____

Fundraiser Chairperson(s) approval: _____

All forms must be forwarded to the President prior to issuance of checks from the treasurer. Please attach all necessary receipts and documentation for backup. You must turn in receipts for reimbursement within 30 days of expenses.

Thank you,

Jennifer Kramer
OLGC PTA Treasurer

Paid _____ Check # _____ Date _____

SALES TAX WILL NOT BE REIMBURSED.
(Please use the tax-exempt certificate for all purchases).