



# Fremont PTA Check Request Form

Fill out this form completely and attach the original invoice or receipt. Please note that all checks require 2 signatures, so please provide as much advance notice as possible.

Your Name \_\_\_\_\_ Date \_\_\_\_\_

PTA Position \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Event/Assignment \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

## Write Check To:

Name of Person/Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Invoice attached

Receipt attached

Send check to address above

Give check to you

PTA Meeting date when funds were released or not to exceed was approved \_\_\_\_\_

## For Treasurer Use:

Check # \_\_\_\_\_

Amount \_\_\_\_\_

Budget Category \_\_\_\_\_

Budgeted Amount \_\_\_\_\_