

## PTA Check Request Form

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Check made payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone#: \_\_\_\_\_

What was the money used for: \_\_\_\_\_

\_\_\_\_\_

Requester's signature \_\_\_\_\_

Requester's phone number \_\_\_\_\_

*Please attach an invoice if you have one. Budget will be reviewed to check availability. Please put completed forms in PTA mailbox in the office or give to a PTA board member.*

Date received: \_\_\_\_\_

Lori Wolf  
360-441-0351

[northernheightspta@gmail.com](mailto:northernheightspta@gmail.com)

Ck Amt: \_\_\_\_\_

Date paid: \_\_\_\_\_

Ck # \_\_\_\_\_