

HADLEY PTA CHECK REQUEST FORM

DATE: _____ CHECK PAYABLE TO: _____

AMOUNT REQUESTED: \$ _____

PURPOSE: _____

PRINT NAME OF PERSON REQUESTING PAYMENT: _____

SIGNATURE: _____

**ATTACH ALL APPLICABLE RECEIPTS AND SUBMIT TO PTA
TREASURER**

FOR PTA USE ONLY date: _____ check #: _____ amount \$: _____ in the
budget? Yes _____ no _____ where in budget: _____