

**CHECK VOUCHER
PTA REQUEST FOR FUNDING**

Requestor _____ Date _____

Check Request Purpose _____

PTA Budget Line or Budget Category _____

Request Amount _____

Check Payable to _____

Requestor's Signature _____

(NOTE: Receipts must be attached to this request)

.....
PTA Administrative Use Only

Authorization by (PTA President or Vice-President) _____

Date _____ Check # _____

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