

check #: _____

OAS PTA CHECK REQUEST FORM

Requested by: _____

Date: _____

Amount: \$ _____

Check should be made payable to:

Name: _____

Address: _____

Phone: _____

Email: _____

Reason for
Check: _____

(For PTA use only)

Date paid: _____ Date Inputed: _____ Budget Category: _____

Authorized by: _____
(Authorized Signature)

This expense voucher must be submitted to the Treasurer within 30 days of the expense and must have supporting receipts, invoices or order forms attached.