

SOUTHSIDE HIGH SCHOOL PTSA
CHECK REQUEST FORM
2009-2010

DATE: _____ AMOUNT REQUESTED: _____

REQUESTOR: _____ Title _____

PHONE NUMBER: _____

ORGANIZATION/EVENT: _____

DATE OF EVENT IF APPLICABLE: _____

NUMBER OF STUDENTS/STAFF IMPACTED: _____

CURRICULUM AND/OR GRADE LEVEL: _____

BUDGETED ITEM: YES NO If so list Line Item Number: _____

BRIEF DESCRIPTION & PURPOSE (Justification if not a budgeted item) _____

Make Check Payable to: _____

Signature of Requestor: _____

PTSA Member: YES / NO

PTSA Volunteer: YES / NO

Note: Proof of purchase must be provided. If purchase has already been made, please attach receipt(s) to this form. If not, provide receipt within 7 (seven) days of check being issued.

Approval must be obtained on all purchases. Failure to do so may result in the purchaser having to incur the expense. Signature of PTSA President, Secretary or Treasurer is required BEFORE a check will be issued.

APPROVAL: _____ TITLE: _____

AMOUNT APPROVED: _____ DATE: _____

FOR TREASURER'S USE ONLY

CHECK ISSUED: YES / NO CHECK NUMBER: _____

DATE OF CHECK: _____ AMOUNT OF CHECK: _____

CHARGED TO BUDGET LINE ITEM #: _____

DOCUMENTATION PROVIDED (Receipts): YES / NO

COMMENTS: _____

Signature of Treasurer: _____

Returned Funds/Amt: _____ Method of Refund: _____ Date: _____