Bloomingdale PTA
Check Request Form
2012/2013 School Year

Amount: $_____ **Date:** _____

Payable To: _____

Address: _____
_____
_____
_____

Reason for Disbursement: _____
_____
_____
_____
_____

Requested By: _____

Signature acknowledges receipt of goods or services on behalf of the Bloomingdale PTA

To Be Completed by PTA Executive Board:

Budget Category: _____

Check #: _____ **Check Date:** _____

Approvals:

_____ _____
Name **Date**

_____ _____
Name **Date**

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