## FOLSOM HILLS PTA CHECK REQUEST

Please route check as indicated below:

Return to check requester

Mail directly to vendor

Place in requester's PTA box

Make Check Payabl	e To:		□ 1 1000 1 0qu	ester 3 T TA BOX
Address:				
Phone Number:		Email Address:		
Budget Category	Date of Activity	Reason for Expenses		Amount
		Total Expense		\$ -
	All receipts are attached  Expenditures will be accounted for with sales slips, invoices, etc. within 30 days of this request.  Approved by Board on			
Signature of requester	Office/Event	Date of Request Please allow 14 business days for reimbursement.		
	AUTHORIZATIONS			
	PTA President	Check No	Check No.	
	Recording Secretary	Date Issue	ed	
Make Check Payabl	CHEC	M HILLS PTA K REQUEST	☐ Return to che ☐ Mail directly t ☐ Place in reque	to vendor
Address:				
Phone Number:		Email Address:		
Budget Category	Date of Activity	Reason for Expenses	s	Amount
		Total Expe	ense	\$ -
	All receipts are atta	ached		
	Expenditures will be accounted for with sales slips, invoices, etc. within 30 days of this request.  Approved by Board on			
Signature of requester	Office/Event	Please allo	w 14 business d	Date of Request ays for reimbursement.
	AUTHORIZATIONS		SURER'S US	
	PTA President	Check No	).	

Date Issued

Recording Secretary