

**PTSA**

PTSA Check Request Form

Please complete this check request for any authorized expenses incurred. Follow the instructions below:

* Supporting receipts/invoices MUST be attached. Please tape or staple receipts to the back of this form.
* Approval must be obtained on all purchases. Failure to obtain approval may result in the purchaser having to incur the expenses. **Signature of a PTSA Vice President is required before the Treasurer will issue a check**.
* All requests must be turned in within 60 days of purchase in order to guarantee reimbursement.
* The PTSA does not pay sales tax on items that are purchased for resale. Please get a copy of our tax letter to give to your supplier prior to making your purchase.

Contact treasurer@jchsptsa.com with any questions. Please put all completed check requests in the Treasurer’s mail box in the MAIN OFFICE of the school.

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| --- | --- |
| **Date:** | **Phone #:** |
| **Requested By:** | **Email Address:** |
| **Make check payable to:** | **Committee or Budget Category:** |
| **Address to mail check / PTSA Mailbox / Teacher Mailbox:** |
| **Description of Expense:**  | **Check Total:** |

**Signature of Requestor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VP Approval**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PTSA President Approval**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



***Treasurer’s Use Only***

|  |  |
| --- | --- |
| **Check Number:** |  |
| **Date Issued:** |  |
| **Treasurer’s Signature:** |  |
| **Budget Category / Comments:** |  |