

California Middle PTSA CHECK REQUEST FORM

Please attach all receipts or invoices to the back of this form and submit completed form to the PTSA box in the school office at least two days before the next PTSA meeting, generally the second Wednesday of the month. Please do not submit requests at the meeting.

Date submitted: _____

Requester's Name: _____

Requester's Phone: _____

Requester's Email: _____

Total Amount: \$ _____

Event(s) or Program(s) This Expense Supports:

If total above supports multiple events or programs, please break out expenses for each.

| Event/Program | Amount |
|---------------|--------|
| | |
| | |

Check Payable to: _____

Address: _____

Notes or special instructions:

QUESTIONS? Please contact treasurer Harriet Hattori at harriet.hattori@sbcglobal.net