

### PTG CHECK REQUEST FORM

*Instructions:* Please complete the form below and upload any receipts, invoices or other supporting documentation and submit.

*Please note that all Check Requests are subject to PTG approval. They are to be used for items already budgeted (or pre-approved) for and purchased. Please allow sufficient time for processing of your request.*

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Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Requested by: \_\_\_\_\_

Make check payable to (if different than requestor): \_\_\_\_\_

Description of expense:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Committee Chair Name: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_

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**Return completed check to :(choose one)**

Mail check to: Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Send home with child: Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Leave check with Mrs. Frawley

Other (explain) \_\_\_\_\_

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**For Treasurers Use Only**

Approved by: \_\_\_\_\_

Presidents Sarah Duross and Megan Goldberg

Date Issued:	Check#	Amount	Account	Purpose
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