



**AES PTA**

# *Check Request Form*

Date Requested: \_\_\_\_\_

<p><b>Requested By:</b></p> <p>Staff Member: _____</p> <p>PTA Member/Parent: _____</p> <p><b>Make Checks Payable To:</b></p> <p>_____</p> <p><b>Deliver Checks To:</b></p> <p><input type="checkbox"/> AES Mailbox</p> <p><input type="checkbox"/> This Address:</p> <p>_____</p> <p><b>Payment Method:</b></p> <p><input type="checkbox"/> Refund Personal Funds</p> <p><input type="checkbox"/> Pay Vendor - Invoice attached</p>	<p><b>Budget Distribution:</b></p> <p>Curriculum Support (<i>approval required</i>)</p> <p>\$ _____</p> <p>Other PTA Budget Categories</p> <p>\$ _____ - _____</p> <p>\$ _____ - _____</p> <p>\$ _____ - _____</p> <p>\$ _____ - _____</p> <p>\$ _____ - _____</p> <p>\$ _____ - _____</p> <p>Sales Tax (<i>Do NOT include in above categories</i>)</p> <p>\$ _____</p> <p><b>Grand Total — All Categories + Sales Tax</b></p> <p>\$ _____</p>
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- ***Please complete all information above and attach the original receipt(s)***
- ***Please put this form with the receipt(s) attached in the crate inside the mailroom***

**Curriculum Support Funds Approval:**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Check Information:**

Check # \_\_\_\_\_ Date Issued \_\_\_\_\_ Check Issued To \_\_\_\_\_

