

**HOLLY RIDGE MIDDLE SCHOOL PTA
CHECK REQUEST FORM**

Complete shaded area only and remit to Treasury. Please allow 3 days for processing.

Date Requested:

Date Needed:

Name of Committee:

Person Requesting Check:

Purpose of Expenditure:

To Whom Should Check Be Paid

Name:

Address:

Distribution:

(Mail, return to requester, etc)

Total Amount:

Approval of Committee Chair:

PLEASE ATTACH ALL RECEIPTS, ORDER FORMS, ETC.

(Do not write below this line.)

Authorized by:

President's or authorized officer's signature

Treasurer's Signature

Date

Date

For Treasurer's Use Only:

Check Number: _____

Date Paid: _____

Budget Category: _____

Sales Tax Paid: _____