

**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: \_\_\_\_\_