



Check Request Form

Submit one form for each Budget Line Item deposit.

Date Submitted:	Requested By:
Contact Info for Requestor:	
Amount Requested: \$	Check Payable To:
Purpose/Event or Budget Line Item:	
Description of Expenses:	
EB Member or Committee Chair Authorizing Expense	
Expense Reimbursement: <input type="checkbox"/>	Vendor Payment: <input type="checkbox"/> Cash Advance: <input type="checkbox"/>

Signature of Requestor: _____

INSTRUCTIONS

- Expense Reimbursements / Vendor Payments: Check Request Form submissions must include ALL receipts, vendor invoices and packing slips (if goods were received).
- Cash Advance Requests: A check will be written to the Check Payable name for the amount requested. Petty cash must be re-deposited using the Bank Deposit Form.

Please submit to the PTA Treasurer, Beth Addington (treasurerCIS@gmail.com, 571-276-4042).

- Drop documents in the PTA Treasurer's box in the CIS office
- Mail documents to CIS (ATTN: PTA Treasurer, 4700 S Chesterfield Rd, Arlington, VA 22206)
- Bring documents to a monthly PTA meeting

FOR TREASURER USE ONLY			
Date Rcvd:	Budget Line Item:		
PTA Officers Approving Check:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Name Signature </div>		
Check #:	Check Date:	Check Amount: \$	
Treasurer Signature and Notes:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="font-size: small;">Signature</div>		
FY Budget \$ _____	Spend to Date \$ _____	Balance after current request	\$ _____