

**CROFTON ELEMENTARY SCHOOL PTA
CHECK REQUEST FORM**

DATE: _____

REQUESTED BY: _____

CHECK PAYABLE TO: _____

AMOUNT: _____

DATE NEEDED: _____

ADDRESS: _____

CHARGE TO ACCOUNT/COMMITTEE: _____

PURPOSE: _____

ITEMIZE EXPENSES: _____

COMMITTEE CHAIR/
ADMINISTRATIVE APPROVAL: _____

PTA USE ONLY

CHECK NUMBER: _____

DATE ISSUED: _____

SIGNERS: _____

Original receipt(s) must accompany this form in order to be submitted for approval.