Ridgewood PTA Check Request Form

Payable to: ______________________________

Company/Individual Name ______________________________

Address ______________________________

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Address is required for mailing. Without address, check will be put in the committee mailbox.

Committee Name: ______________________________

Explanation: ______________________________

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______________________________ ______________

Name of Board Member(Committee Chairperson) Approving Payment of Bill | Phone Number

______________________________ ______________

Signature | Date

Receipt Description	Amount:
____________________	$ __________
____________________	$ __________
____________________	$ __________
____________________	$ __________
____________________	$ __________

Total Check Request Amount: $ __________

NO CHECK WILL BE ISSUED WITHOUT COPIES OF RECEIPTS, INVOICES OR CONTRACTS ATTACHED TO CHECK REQUEST

Comments &/or special instructions: ______________________________

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For PTA Treasurer Use Only

Check Date: __________ Check Number: __________