

# HILLSIDE AVENUE SCHOOL



125 Hillside Avenue  
Cranford, New Jersey 07016  
(908) 709-6229

## PTA CHECK REQUEST FORM

**\*Please Note-Receipt must be attached for payment\***

REQUESTED BY:

DATE:

Requester's Phone #:

PAY TO (Check Made Out To):

AMOUNT:

PTA Committee/Event:

REMIT TO (Check Given/Sent To):

REMIT TO ADDRESS (If Mailing):

PAY BY DATE:

PAYMENT FOR SERVICES OF (Receipts Required for Payment):

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I acknowledge that these funds were requested for the purpose of PTA business:

( Signature of Person Requesting Reimbursement)

### THIS SECTION FOR PTA USE ONLY

\_\_\_\_\_  
President's Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treasurer's Authorization

\_\_\_\_\_  
Date

Budget Applied To \_\_\_\_\_

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_