

HILLSIDE AVENUE SCHOOL



every child. one voice.®

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):

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 # _____