# Hutchison Farm PTA

## CHECK REQUEST FORM

Circle one: REIMBURSEMENT CHECK TO VENDOR

Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check Payable to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of expense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Method of Distribution:

⁭ Direct mail to Vendor *(if mail to address is not provided on invoice, please provide)*

⁭ Return to you

Other (Please provide Info) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Requirements or Comments

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### For ‘checks to vendor’ a proper invoice or receipt is required and must be attached

***For ‘reimbursement checks’ receipt(s) totaling the amount of reimbursement must be attached.***  *In accordance with our Bylaws, this form and receipts must be submitted within 45 days of the event or the request will be denied.*

Please return all documentation to the Treasurer Folder in the PTA mailbox at school or email directly to Marhia Lawing at [marhia.lawing@hfespta.org](mailto:marhia.lawing@hfespta.org).

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### **For Treasurer’s Use Only**

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category/Sub-Category \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_ Mailed to Vendor \_\_\_\_\_\_\_\_\_\_\_\_\_\_