



BEE CAVE MIDDLE SCHOOL PTO

CHECK REQUEST FORM

What is this check for?

- to reimburse individual for expenses already incurred – **attach receipt or invoice marked "paid"**
- to request funds be paid to vendor for goods or services already received – **attach invoice**
- to request funds be paid to vendor prior to receipt of goods or services – **attach "pro forma" invoice**

Date of Request: _____ Date Check is Needed: _____

Person Requesting: _____ Phone Number: _____

E-mail: _____ Make Check Payable To: _____

Check Delivery Instruction: email me call me mail to vendor other _____

| Item | Amount* | Budget Expense Category |
|------|---------|-------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Grant Total: \$ _____ *Sales Tax cannot be reimbursed

Committee Chair Signature: _____

~~~~~ Treasurer's Notes ~~~~~

Date Received: \_\_\_\_\_ Check Number: \_\_\_\_\_

Charged to Budget Item: \_\_\_\_\_

- Request includes documentation such as receipt or invoice.
- Expenditure included in budget adopted by general membership.
- No plan of work required for expenditure.
- Expenditure is consistent with approved plan of work.
- Independent contractor form processed (if required).

Comments: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_