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 _______________

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount*</th>
<th>Budget Expense Category</th>
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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: _________________________________________________________