

**CEDAR GROVE ELEMENTARY SCHOOL PTA
CHECK REQUEST**

****ORIGINAL RECEIPTS MUST BE ATTACHED****

DATE OF REQUEST: _____ AMOUNT: _____

CHECK PAYABLE TO: _____

REQUESTOR'S NAME: _____ SIGNATURE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

ITEMIZATION OF EXPENSES:

Date	Description	\$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL _____

Do you want a check sent home with your child?

If yes, child's name _____ Grade _____ Teacher _____

If no, how would you like to get your check? _____

If you have any questions, please contact Lori Marshall at 301-216-2944 or lori@charltonconsulting.com.

For Treasurer's Use Only

Check # _____ Date _____

Budget Line to be charged _____

For PTA Use Only

Reviewed by:

Signature #1 _____ Signature #2 _____