

Darby Avenue PTA

Check Request

Please complete top section for all reimbursements

Date: ___ - ___ - ___ Payee Name: _____

Amount	Receipts Attached?	Explanation:
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

\$ _____ **Total Reimbursement** Requested by: _____

For Treasurer's Use Only: Date Paid: _____ Check No. _____
Meeting Date: _____ Initials: _____

Warrant

For Secretary:

Warrant No. _____

The above expenditure was approved by:

- Standing Rules
- Board Meeting of: _____ - _____ - _____
- Unit/Association Meeting of: _____ - _____ - _____
- Other: _____

Signed: _____
(President)

Signed: _____
(Secretary)

(Treasurer attach this form to all receipts and/or invoices. Attached canceled check when returned from bank.)