



# RIVERFIELD PTA CHECK REQUEST/PAYMENT VOUCHER



Please Complete the Top Part of This Form for Check Reimbursement or Payment.

A Receipt Must Accompany This Voucher.

Date Requested: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone # \_\_\_\_\_

Check Payable To: \_\_\_\_\_

\_\_\_\_\_ Mail To: \_\_\_\_\_

or \_\_\_\_\_

\_\_\_\_\_ Send Home in Care Of: \_\_\_\_\_ Class: \_\_\_\_\_

Committee/Description: \_\_\_\_\_

PTA Budget Account: \_\_\_\_\_

Approved By: \_\_\_\_\_ (President/President Elect)

Funds Available: \_\_\_\_\_ (Treasurer)

Check Date: \_\_\_\_\_ Check #: \_\_\_\_\_



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