

# REHOBOTH PTSA CHECK REQUEST

**(This form must be filled in completely and clearly with all receipts, sales slips, invoices or copies of attached, then submit to treasurer)**

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

Budget Category: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date needed: \_\_\_\_\_

Payable to: \_\_\_\_\_

Address \_\_\_\_\_

City, zip \_\_\_\_\_

Payee's Social Security #: \_\_\_\_\_  
(only needed if payment is over \$600,00 payable to individual)

Expense Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Delivery Instructions: \_\_\_\_\_

Who Requested: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Paid with Check #: \_\_\_\_\_ Date: \_\_\_\_\_