	DIST 27	PTA CHECK	REQUEST FOR	RM	
	Council	wo	SH	HP	
DATE					
DATE		-			
Payable To:					
Address (Only if check is to be r	mailed):				
Amount (Mithout tox):				(Diagon attack receipt)	
Amount (Without tax):				_ (Please attach receipt)	
Item(s) Purchased:					
Committee Purchased For:					
Committee Furchaseu For.					
Signature:					
Will you need to pick up check?			Ph	one #	
vviii you nood to plok up onook.				Email	
For Treasurer's Use:					
Check Number:			Date Is	sued:	
President's Approval (if necessa	ary)				
		_	REQUEST FOR		
	Council	wo	SH	HP	
DATE					
Dayable Te					
Payable To:					
Address (Only if check is to be r	mailed):				
Amount (Without tax):				(Please attach receipt)	
Itam(a) Durahagad:					
Item(s) Purchased:					
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Signature:					
Will you need to pick up check?			Ph	one #	
				Email	
For Treasurer's Use:					
Check Number:			Date Is	sued:	
President's Approval (if necessa	ary)				