

**MARSHALL ROAD ELEMENTARY SCHOOL PTA
CHECK REQUEST FORM**

Today's Date: _____

Check Requested By: _____

Phone Number: _____

Check Payable to: _____

Amount: _____

Due Date: _____

Please attach related receipts or invoices and explain below the type of expense and/or the associated committee (i.e. Ice cream social, teacher appreciation week, book fair, etc.):

Signed Check should be: _____ Returned to requisitioner for distribution
_____ Mailed to payee at the following address:

Drop the completed form with appropriate attachments off in the school office or contact Randy Weinhardt at treasurer@marshallroadpta.org for mailing instructions.

For Treasurer's Use:

Check # _____ Date of Check: _____ Amount: _____

Adjustment needed: (Y / N) If so, reason and amount of adjustment:
