



Westpark Elementary PTA 2019-2020 Check Request/Payment Authorization Form

Today's Date			
Name of Person Making I	Request		
Email Address			
PTA Event/Program			
Amount Requested			
Brief Description of Item(s)			
Write Check Payable to			
Address of Payee			
How do you want check delivered?		□ put in teacher cubby	□ mail
		☐ leave in PTA office for p	Dickup
Please staple itemized invoice(s) or receipt(s) to this request form. Checks are issued approximately every 2 weeks.			
Questions? Email treasurer@ptawestpark.com.			
PTA Use Only			
Authorized Signer #1 Name:			D-4-
Signature Circle Role	President / Executive VP / VP 1 / VP 2		Date
Authorized Signer #2 Name:			
Signature Circle Role	President / Ex	xecutive VP / VP 1 / VP 2	Date
Check # Date		Budget Category	