Check #: _____

Date of Check:_____

RSE PTA CHECK REQUEST

Payable to: _____ Payee's Phone #: _____

Requested by: _____ Requestor's Phone #: _____

Please choose one delivery method:

Send with Student/Teacher		**Return to Submitter** *Choose One:*		**Mail to Payee**
Student: _____	**-or-**	In Person at _____	**-or-**	Attn: _____
				Address: _____
Teacher:		Call When Ready		City/St/ZIP:

I certify that the goods (services) listed below were received (performed). To the best of my knowledge, my statements in this RSE PTA Check Request are complete and true.

Signature of Submitter: _____ Date Submitted: _____

Purchase Date / Invoice Date	Place of Purchase / Invoice #	Description	Amount	
		Total:		

Account(s) to Debit: _____

Treasurer's Signature: _____ Date: _____

President's Signature: _____ Date: _____

ATTACH ORIGINAL RECEIPT(S) / INVOICE(S)

Note: Sales Tax will not be reimbursed. Expense budget must be available prior to any payment.
Expenditures must have been incurred after July 1, 2010 and before June 30, 2011.
REQUESTS ARE DUE NO LATER THAN MAY 10, 2011 (the last PTA meeting of the year)
Consult the RSE PTA Purchasing Policy for other information about this form.