

# Felida PTA Check Request

Please staple itemized receipts or invoices to this form. Checks cannot be issued without receipts or invoice. If you have any questions, please contact the Treasurer [eppta@felidapta.org](mailto:eppta@felidapta.org)

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

Date check needed: \_\_\_\_\_  
(if specific date is necessary)

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

Budget Line Item / PTA Committee: \_\_\_\_\_

Purpose/Description: \_\_\_\_\_

Requested by: \_\_\_\_\_ Signature: \_\_\_\_\_

Please make check out to: \_\_\_\_\_  
(if different than requested by)

**Please deliver check via:**

- Leave check in my staff box
- Send check home in my child's Parent Pack:

\_\_\_\_\_ Specify child's name and teacher

Mail check to address: \_\_\_\_\_

Other (specify): \_\_\_\_\_

For Treasurer's Use Only	Date request received: _____
Check number: _____	Check amount: _____