

**GOLDEN VIEW ELEMENTARY PTA  
CHECK REQUEST FORM**

**ORIGINAL RECEIPTS MUST BE ATTACHED**

Date of Request: \_\_\_\_\_

Check requested by: \_\_\_\_\_ Phone: \_\_\_\_\_

Check made payable to: \_\_\_\_\_

Check mailed to: \_\_\_\_\_  
(Address)

**OR**

Check delivered to: \_\_\_\_\_  
(Individual or individual's file or box)

Date of Receipt/ Invoice	Items Purchased & Store Name	Fundraiser or Program	Amount (Including Tax)
<b>TOTAL AMOUNT REQUESTED</b>			

**Approved By (Two Required):**

**PTA President:** \_\_\_\_\_ **Frances White**

**PTA Vice President:** \_\_\_\_\_ **Larisa Somsel**

**Secretary:** \_\_\_\_\_ **Kimberly Brandt**

**Date Funds Released:** \_\_\_\_\_ **Date Funds Approved:** \_\_\_\_\_

Entered In:	Check # _____ PTAEZ _____	Date _____	Amount _____
----------------	------------------------------	------------	--------------