# Gilbert H. Hood PTSA

## Check Request Form

Date: _____

Make Check Payable To: _____

Mailing Address: _____

Invoice #*: _____  /or Receipt(s) From*:_____

Invoice/Receipt Date: _____

Check Amount: $_____  Payment Needed by:_____

Reason for Check Request: _____

_____

_____

_____

Request Made by:_____

Approved by:_____

**\*Please attach copy of invoice/receipt.  Payments made by check only.**

_____

**TREASURER USE ONLY**

Check Number: _____  Charge to Account: _____

Check Date: _____  Check Written By: _____

Checkbook____  Quicken____  Treasurer report____  Co-Signed By: _____