

Dommerich PTA Check Request

Date: _____ Make check payable to: _____
Amount: \$ _____ Requested by: _____ (if different from the above name)
Reason for check: _____
Phone Number: _____ Email: _____
Committee: _____ Date Needed: _____
Address for mailing check: _____ May check be placed in your committee box?
Yes __ No __

Please attach your receipts or invoice to this form. Please submit within 30 days of invoice date.
Thank you! If you need to email this form, please include a PDF copy of this form and all the receipts/invoices. Email Erica Bates at dommerichelempta@gmail.com

This section to be completed by the PTA Treasurer

Date of Check: _____ Check # _____ Line Item _____

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