

CHECK # _____
RECEIPT ATTACHED _____

ISSAQUAH HIGH PTSA CHECK REQUEST FORM

PLEASE ATTACH RECEIPTS OR BILLS TO THIS FORM.

If there are no receipts/bills attached, there can be no payment.

Receipts/bills enable the treasurer to keep accurate records of amounts spent in each budget category.

THANKS!

AMOUNT REQUESTED: \$ _____ **DATE:** _____

NAME of person submitting: _____

PHONE: _____

Make Check **PAYABLE TO:** _____
(if different from person submitting)

ADDRESS: _____

CITY, STATE, ZIP: _____

COMMITTEE / OFFICE: _____

BUDGET CATEGORY (if known): _____

PURPOSE: _____

SIGNATURE OF PERSON SUBMITTING: _____

Give this form and attachments to the current treasurer, Laura Freeman, or mail to her at

PO Box 2541; Issaquah, WA 98027

For questions, contact Laura via treasurer@issaquahhighptsa.org

(FOR TREASURER'S USE ONLY)

CHECK MADE OUT TO: _____

CHECK NUMBER: _____ CHECK DATE: _____

CHECK AMOUNT: \$ _____

BUDGET CATEGORY CHARGED: _____