

## **Holmes PTSA Check Request**

*Use to pay an invoice, bill, field trip, or a service to vendor. Not a reimbursement.*

Date: \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_

**Make Payable to:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Committee or Budget: \_\_\_\_\_

Request by (name): \_\_\_\_\_

Please send before (due date): \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Please attach bills, invoices, receipts to the back of this form.*

For Treasurer's Use Only

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

Check # \_\_\_\_\_

Treasurer's Initials: \_\_\_\_\_

Co-signer's Initials: \_\_\_\_\_

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