

BCS PTSA Clearinghouse

# CHECK REQUEST FOR PAYMENT

*Treasurer's Use Only*

Check No. \_\_\_\_\_

Issue Date \_\_\_\_\_

Amount \$ \_\_\_\_\_

Directions: Fill out form *completely*. Keep the *PINK* copy until you receive your reimbursement. Give the *YELLOW* copy to your Committee Chair as their receipt. Put the *WHITE* copy with your original receipts(s) attached in the PTSA Treasurer's mailbox in the BCS office.

Make check payable to: \_\_\_\_\_ Request amount \_\_\_\_\_

Documentation attached: \_\_\_\_\_ Receipt \_\_\_\_\_ Invoice/Bill \_\_\_\_\_ Advance request signed by Committee Chair

Check disposition: \_\_\_\_\_ Leave check in \_\_\_\_\_ mailbox at BCS

\_\_\_\_\_ Mail check to: \_\_\_\_\_

\_\_\_\_\_

Description of expense \_\_\_\_\_

PTSA Committee to be debited \_\_\_\_\_ Budget line item no. \_\_\_\_\_

Request submitted by \_\_\_\_\_ Approved by \_\_\_\_\_

\_\_\_\_\_ Committee Chairperson Signature Date

Date Submitted \_\_\_\_\_

*White copy - Attach receipts*

*Yellow copy - Committee Chair copy*

*Pink copy - Originator*

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