



everychild.onevoice.®

# Check Request

**\*\*\* Please attach invoice if requesting bill payment \*\*\***

Payable to: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address:

Program/Category: \_\_\_\_\_ Total Amount: \_\_\_\_\_  
(event, supplies...)

Reason for Check:

Annual Budget Year: \_\_\_\_\_ Approved at Meeting: \_\_\_\_\_

- Checks will be mailed to the address indicated above. For invoice payment, please list the Accounts Receivable address on the invoice.
- JRB PTA is tax exempt; please ensure you have provided your vendor with a copy of our tax exempt certificate and that no sales tax is reflected on the invoice.
- Checks are approved at the next general meeting, or executive committee meeting, whichever occurs first.

**Board Approval Required:**

Two board members must sign approval before reimbursement can be made.

Approved By: \_\_\_\_\_

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

Approved By: \_\_\_\_\_

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

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*For Treasurer's Use Only*

Category	Check #	Payment Date	Logged
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