

DILLARD DRIVE ELEMENTARY PTA CHECK REQUEST FORM

Requested By: _____

Date: _____

COMMITTEE	AMOUNT	PURPOSE
TOTAL		
SALES TAX AMOUNT		

CHECK PAYABLE TO	
ADDRESS	
CITY, STATE, ZIP	

****Remember to Attach Your Receipt**

PTA AUTHORIZATION	
_____ President/Authorizing Officer	_____ Treasurer
Date: _____	Date: _____
TREASURER'S USE ONLY	
Check #: _____	Date Paid: _____