

# Schell Elementary PTA

## Vendor Check Request

Fill out completely, attach invoice(s) and obtain President's approval before placing in Treasurer's file.  
Please allow 72 hours to process.

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

**Name:** \_\_\_\_\_

**Make check payable to:** \_\_\_\_\_  
(Vendor name)

**Account to debit\*:** \_\_\_\_\_  
(\*A check cannot be issued if there are not sufficient funds remaining in the account specified)

Event Date/Invoice#	Description	Amount

**Total: \$** \_\_\_\_\_

**Check One:**

- Leave in PTA Folder: \_\_\_\_\_  
(Folder)
- Mail to Vendor: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)
- Other: \_\_\_\_\_

**Chairman:** \_\_\_\_\_  
(Signature)

**Approved by:** \_\_\_\_\_  
President, Schell PTA

**Received by:** \_\_\_\_\_  
Treasurer, Schell PTA

<b>Treasurer Notes:</b>	
Invoice Rec'd:    yes    no	Date Paid: _____
Check #    _____	Initial Acct. Balance: _____
Amount:    _____	New Acct. Balance:    _____