

**Will Davis Elementary PTA**  
**Check Request**  
**PTA Members, Staff & Teachers**

Fund/Account/Committee\* \_\_\_\_\_

*\*Information Required.*

Requested By \_\_\_\_\_  
Date of Request \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Amount \$ \_\_\_\_\_

**PTA does not reimburse sales tax (except for Sam's Club or Costco)!  
Sales Tax Exempt # 1-74-2633169-4  
Don't forget to include shipping costs**

Principal Approval (for teachers & staff only) \_\_\_\_\_

Committee Chair Approval \_\_\_\_\_

Explanation of expenditure: \_\_\_\_\_  
\_\_\_\_\_

How to deliver check: \_\_\_\_\_  
(for parents) Send home with child (name and teacher) \_\_\_\_\_  
PTA Box \_\_\_\_\_ Mail to this address: \_\_\_\_\_  
\_\_\_\_\_

Check one:

**Reimbursement Request** (please attach original receipts)

**Check to vendor**

(please attach a **copy** of the vendor order form to this form)  
The PTA check will be mailed directly to the vendor

Vendor Name \_\_\_\_\_

Vendor Address \_\_\_\_\_  
\_\_\_\_\_

Check requests will be collected weekly. Every attempt will be made to distribute checks the following week. This form must be complete to process your check. If you need to make special arrangements, please e-mail [ptatreasurer@davisdolphins.org](mailto:ptatreasurer@davisdolphins.org).

*Treasurer's Use Only:*

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

Date Issued \_\_\_\_\_

Account \_\_\_\_\_