

# Intervale School PTA

60 Pitt Road □ Parsippany, NJ 07054

## PTA Check Request Form

**\*\* Please attach all receipts, invoices or order forms to this request \*\***

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

**Requested By:** \_\_\_\_\_

**Amount Due:** \_\_\_\_\_

**Payable To (Name & Address):** \_\_\_\_\_

**Reason for Check:** \_\_\_\_\_

**Budget Category** \_\_\_\_\_

\_\_\_\_\_  
**Authorized by:** (Committee Chair)

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

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

**Account Debited** \_\_\_\_\_