

FRANK C WHITELEY PTA CHECK REQUEST

Name: _____ Date: _____

<u>Committee to be charged</u>	<u>Description of services rendered or products received</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL	\$ _____

Payable to: _____

Special Instructions:

Return check to (if different than payable to): _____

_____ **Submit check to directly to vendor.**
(Include a copy of invoice if you would like one returned with check.)

Approved by: _____ Date: _____
Check # _____