

**Carroll Middle School PTA**  
**CHECK REQUEST FORM**

Requested By \_\_\_\_\_ Date \_\_\_\_\_

Budget Category/Line Item \_\_\_\_\_

Purpose of Expenditure (**please be specific**) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL** Reimbursement Amount: \$ \_\_\_\_\_

CHECK PAYABLE TO:

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

***PLEASE ATTACH ALL RECEIPTS, INVOICES, ORDERS FORMS, ETC.***

(Do not write below line.)

AUTHORIZED BY:

\_\_\_\_\_  
Committee Chair Signature

\_\_\_\_\_  
President's Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

**FOR TREASURER'S USE ONLY:**

Check Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_

NC Sales Tax: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Reconciled with financial report. By \_\_\_\_\_ Date \_\_\_\_\_

Reconciled with bank statement. By \_\_\_\_\_ Date \_\_\_\_\_