

# CHECK REQUEST FORM FOR VENDOR PAYMENTS

Copper Beech PTA

EVENT INFORMATION				
Date:				
Check Amount:		Check Payable to:		
Check Needed By:				
Submitted By:				
Phone:				
Signature:				
Mail To:				
Explanation of Purchase/Check (Receipts or Invoice must be attached):				
Submit Check Request From with Self-Addressed* Envelope to:				
Cathy Richman, Treasurer				
CathyCBPTA@gmail.com				
Keep a Copy of Completed Forms and Receipts for Your Records				
Checks will be mailed to payee address within 10 business days, unless otherwise noted				
You must include an envelope (see * above) for check to be mailed				
FOR OFFICE USE ONLY				
Check #		Date:		Amt Paid:
Budget Committee/Category:				
Budget Line Item (Supplies, Fees, Entertainment, Equipment Rental, etc.):				