

**Check Request Form  
Horseman PTA**



**2019-2020**

**Date:**

**Name of Person Requesting Check:**

**Committee working on or title:**   
(which PTA comm. or for whom did person volunteer)

**Tel. Number of Person Requesting Check:**

**Budget from which \$\$ should be drawn:**  
(Item must come out of an existing budget allocated to your group (\*\*\*\*If it is in excess of the budget, you must have the approval of PTA President.)

**\$\$ Amount:** \$

\*\*\*\*Approval of President of PTA (if necessary)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Signature of PTA Person Requesting Payment:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**Reason for Reimbursement:**

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**Write check to:**   
(name of person &/or organization)

**Check Amount:** \$

**Contact person at this organization:**

**Tel. Number of person at this organization:**

**Address of organization:**

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Mail or give this information to: Maribel Correa  
141 River Street  
Sleepy Hollow, New York 10591  
Or email to: tripletskor@gmail.com

**NOTE:**  
**Please attach all receipts.**  
**No payments will be issued without the above form completed and receipts.**