

Staple  
small receipts  
here

# Kennedy PTA Check Request Form

## Requestor

Name: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Check Info

Amount: \_\_\_\_\_ Request Date: \_\_\_\_\_

Payable To: \_\_\_\_\_

Send To Address (if mailing): \_\_\_\_\_

Pick up in Office

Mail check with invoice to vendor

### Check Appropriate Budget Item

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 6 <sup>th</sup> Grade Social                 | <input type="checkbox"/> KMS Corp Match Disbursed | <input type="checkbox"/> Technology               |
| <input type="checkbox"/> 7 <sup>th</sup> /8 <sup>th</sup> Grade Dance | <input type="checkbox"/> Parent Education         | <input type="checkbox"/> CT Documentation         |
| <input type="checkbox"/> CEEF   | <input type="checkbox"/> Professional Development | <input type="checkbox"/> PTA Convention           |
| <input type="checkbox"/> Direct Donation/Fundraising                  | <input type="checkbox"/> Reflections              | <input type="checkbox"/> Insurance                |
| <input type="checkbox"/> Emergency Preparedness                       | <input type="checkbox"/> Social/Emotional Program | <input type="checkbox"/> Membership remit         |
| <input type="checkbox"/> Fall Festival                                | <input type="checkbox"/> Spring Fest              | <input type="checkbox"/> President & Org Expenses |
| <input type="checkbox"/> Graduation                                   | <input type="checkbox"/> Student Activities Grant | <input type="checkbox"/> Tax Preparation          |
| <input type="checkbox"/> Hospitality                                  | <input type="checkbox"/> Student Assemblies       | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Kingdom Program                              | <input type="checkbox"/> Teacher Grant Program    |   |

Comments: \_\_\_\_\_

## Approvals/Signatures

Requestor

Committee Chair

President/Officer 1

Secretary/Officer 2

Please staple receipts to marked areas. If check is to be mailed, include extra copy of invoice.  
Return completed forms to PTA mailbox.

**Treasurer** – Questions? Contact PTA Treasurer – [treasurer@KennedyMSPTA.org](mailto:treasurer@KennedyMSPTA.org)

Date of Check: \_\_\_\_\_ Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_