Boggess Elementary PTA
Vendor Check Request

Fill out completely, attach invoice(s), and obtain President’s approval before placing in the Treasurer’s file. Please allow 72 hours to process.

NAME: _______________________________________ DATE: __________

Contact Info: _______________________________________________________________________
(email or cell number)

Make check payable to: ____________________________________________________________

Acct. to Debit*: _______________________________________________________________
(*A check cannot be issued if there are not sufficient funds remaining in the account specified.)

<table>
<thead>
<tr>
<th>Event Date/Invoice #</th>
<th>Description</th>
<th>Amount</th>
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TOTAL:

Check One:

☐ Leave in PTA Folder: ________________________________________
   (Folder)

☐ Mail to Vendor: ____________________________________________
   (Name and Address)

☐ Other: ___________________________________________________

Submitted by: _______________________________________________
   (Signature)

Approved by: _______________________________________________
   (President, Boggess PTA)

Received by: _______________________________________________
   (Treasurer, Boggess PTA)

Treasurer Notes

Receipt Rec’d: YES  NO  Date Paid:_______________

Check #: ____________  Initial Acct. Balance: _____________