

Check Request
Dilworth Elementary School PTA

***** Proper documentation must be attached (invoice, receipt, quote, etc.) *****

Date: _____

Pay To: _____ Amount: _____

Please check one of the following (allow one week for check preparation):

Mail to vendor at address on attached invoice

Mail to this address: _____

Leave in my mail box at school

Committee Funding this Expense: _____

Requested by: _____

Description or Purpose: _____

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