

Saint Dominic School P.T.A. 2023-2025

Check Request

Saint Dominic P.T.A. Information

Request Date:

Committee Name: PTA

Event or Function Name:

Event Date:

Expense Authorized by:

Explanation of Payment:

Check Payment Information

Name:	Amount:	Mail Check to Address on Invoice:	Return Check to or Address to Mail Check to:
		●	
		●	
		●	
		●	

Receipts Information*

Vendor Name:	Description of Items Purchased:	Amount of Receipt:

All receipts must be attached to this Check Request in order to receive payment. Please attach copy of Event Planner

Approval Information**

Signature:

Shannon Simpson, PTA Co President & Stacie Bradley, PTA Co President

Date:

Signature:

Elizabeth Tonkovich, St. Dominic School Principal

Date:

PAID CHECK #

***Please be advised that no funds will be provided without proper authorization and approval signature by the P.T.A.*