

Saint Dominic School P.T.A. 2025-2027

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:

Category:

Check Payment Information

| Name: | Amount : | Mail Check to Address on Invoice: | Return Check to or Address to Mail Check to: |
|-------|-------------|---|--|
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Receipts Information*

| Vendor Name: | Description of Items Purchased: | Amount of Receipt: |
|--------------|---------------------------------|-----------------------|
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All receipts must be attached to this Check Request in order to receive payment. Please attach copy of Event Planner

Approval Information**

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|---|--------------|
| Signature: | Date: |
| <i>Nicole Lehman, PTA President</i> | |
| Signature: | Date: |
| <i>Mara Tiernan, St. Dominic School Principal</i> | |
| | PAID CHECK # |

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