**DSA PTSA**

**CHECK REQUEST FORM**

PLEASE PRINT CLEARLY

 **Type of Request (Check One)**

\_\_\_\_\_\_\_\_ Reimbursable Expense \_\_\_\_\_\_\_ Approved Grant Reimbursement/Payment

\_\_\_\_\_\_\_\_ Vendor Payment \_\_\_\_\_\_\_\_ Funds Request for Petty Cash

**Amount Requested or Withdrawn:** $

**Make Check Payable To:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please SELECT** *(see Procedure below for Requesting Funds)*

\_\_\_\_\_ DSA STAFF ONLY: Check delivered to staff mailbox in main office

\_\_\_\_\_ FOR NON-DSA STAFF OR INVOICE PAYMENT: Mail check to the following address:

 NAME/COMPANY NAME

STREET ADDRESS

CITY STATE ZIP

**Requested by:**

Print Name: Telephone

Signature Date:

Position: \_\_\_\_\_\_\_ DSA Staff \_\_\_\_\_\_\_ PTSA member \_\_\_\_\_\_\_\_Other

**Reason for Expenditure/PTSA Budget Category: \_\_\_\_\_\_\_\_\_\_\_\_**

**Procedure for Requesting Checks:**

1. Check Request Forms are available online or on paper in the DSA PTSA folder in the Main Office. Please rename downloaded form as **lastname-projectname.doc**
2. Complete request and attach ***original receipts*** for purchases or ***original invoice*** for vendor payments to the form. The form and receipts are **REQUIRED** for processing.
3. Submit requests to brittneyjean@gmail.com or place in the DSA PTSA folder in the Main Office.
4. Payments to DSA staff will be delivered to staff mailboxes.
5. Payments to all others will be mailed unless otherwise instructed.

