

WINSTON CAMPUS JUNIOR HIGH PTA CHECK REQUEST

School Year 20____ - 20____

Date: _____

Amount: _____

Check Payable To: _____

Requested By: _____

Committee: _____

Itemized Expenditures: _____

Return Check/Mail to: _____

(If left blank, check will be put in PTA committee folder in PTA Room)

Chairperson's Signature: _____

*****ATTACH ALL RECEIPTS*****

For Treasurer's Use Only...

Check # _____ Date _____

Approved by _____