

Carmel Del Mar PTA

Check Request Form

Date _____

Check # _____

Treasurer Use Only

Name of Person Requesting Check _____

PTA Position _____

Event / Assignment / Budget Category _____

Amount Requested \$ _____

Write Check To:

Name of Person / Company _____

Address _____

Phone _____

Please Attach Invoice / Receipts!!!

Notes:

Tamara Wells, PTA President

(Signature required)

Roya Karimian, Financial Secretary

(Signature required)