Dillard Drive Elementary PTA

Check Request Form

Date: _____

Remember to attach your receipt(s)

Requested By: _____

Committee	Amount	Purpose
Total		

Check Payable To	
Address	
City, State ZIP	

PTA AUTHORIZATION

_____ _____

President/Authorizing Officer Treasurer

Date: _____ Date: _____

TREASURER'S USE ONLY

Check #: _____ Date Paid/Mailed: _____

Subtotal: _____ Sales Tax: _____ Not Taxed: _____ NC (4.75%): _____ WC (2.00%): _____