

Request for a Payment or Reimbursement Check from North Dallas Early Childhood PTA

Date: _____

Requested by: _____ (name of PTA member)

Contact Info.: _____ (phone or e-mail)

Check Payee Name: _____ (if different from above)

Payee Address: _____ (where to send check)

OK to Mail Check? Yes _____ No _____ (check one)

Other Instructions: _____ (if any)

Reason for check request (please list amounts by budget category):

Budget Category: _____ Amount: _____

Budget Category: _____ Amount: _____

Budget Category: _____ Amount: _____

Budget Category: _____ Amount: _____

Budget Category: _____ Amount: _____

Total Check Amount: _____

[Please note that all requests for checks must be accompanied by payment receipts or a bill for services. \(Sales tax cannot be reimbursed.\) If the vendor does not have a payment receipt, please have them complete the NDECPTA's Receipt for Payment form, which can be obtained from the Treasurer or the NDECPTA website.](#)

For Treasurer use:

Check #: _____

Check Date: _____

Treasurer: _____