

**DODGEN PTSA MIDDLE SCHOOL  
REQUEST FOR CHECK  
2007-2008**

Please complete the top portion of this form. Be sure to attach receipt(s) and/or extra copy of invoice if payment is directly to vendor. **TREASURER MUST HAVE RECEIPT(S) TO REIMBURSE!** Approval must be obtained on all purchases; otherwise you may incur the expense. *Submit your request to your PTSA Oversight Officer for first approval. It will be forwarded to a PTSA Co-President for final approval. Requests will be forwarded to the Treasurer for payment.*

**Date of Request:**

\_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Phone:**

\_\_\_\_\_

**Payable to: Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**(Include zip code)** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_

**Committee/Purpose:**

\_\_\_\_\_

**Your Signature:**

**APPROVAL SIGNATURES:**

\_\_\_\_\_

PTSA OVERSIGHT OFFICER

\_\_\_\_\_

DATE

\_\_\_\_\_

PTSA CO-PRESIDENT

\_\_\_\_\_

DATE

\*\*\*\*\*

FOR TREASURER'S USE ONLY

**Check #:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Date Mailed:**

\_\_\_\_\_

**Charged to Budget Item:**

\_\_\_\_\_

**Comments:**

\_\_\_\_\_

**Signature of Treasurer:**

\_\_\_\_\_

**Kim Smith, Treasurer  
(770) 552-6663**