

Jefferson School PTA Check Request

Name of Committee _____

Check Requested by _____

Date Requested _____

Budget Allowance _____

Explanation of receipts:

Amount:

Total:

Please forward check request form to the **PTA Mailbox**. Checks will be made out and signed within one week. Include your name, address, and phone number so that you can be contacted when your check is ready and arrangements can be made to forward it to you. If it is more convenient to take care of this by mail, please send a SASE along with your request to: **Maureen Hanson**

**7029 Grand Pkwy.
Wauwatosa, WI 53213
(414) 774-1101**

Please feel free to contact me with any questions:

Name _____

Address _____

Phone _____

Email _____

Signature (required) _____

Checks will not be written unless receipts are attached to this form. The volunteer or presenter will incur all costs.