

THOMAS JEFFERSON MIDDLE SCHOOL PTSA

CHECK REQUEST

Date: _____

Date Check Needed: _____
(if specific date is necessary)

Amount Requested: \$ _____

Staple itemized receipts or invoices to this form. Checks cannot be issued without receipts or invoice.

Budget Line Item / PTSA Committee: _____

Purpose/Description: _____

Requested By: _____ Signature: _____

Phone: _____ Email: _____

Make Check Out To: _____
(if different than requested by)

Please Deliver Check Via:

- I will pick up at school. Specify Location: _____
(i.e. PTSA Drawer, Staff Mailbox, Front Desk, etc.)
- Mail Check To: Name: _____
Address/City/State/Zip: _____
(if different than above) Phone: _____ Email: _____
- Send home with student. Student Name/Grade: _____

Questions? Contact ptsa.tjms@gmail.com or the current TJMS PTSA Treasurer:
Name: _____ Phone: _____ Email: _____

FOR TJMS PTSA TREASURER USE ONLY:

Entered into MoneyMinder



Check #: _____ Check Amount: \$ _____ Date Issued: _____