Grant High School PTA Check Request Form

Date		
Total Amount \$	Receipt Attached? Yes No	_
Pay to: Name		_
Address		_
For:		
Signature:		
Person R	Requesting Check	_
Approval:		
Presid	lent	_
Approval:		
— Treasi	urer	
Treasurer's Informatio	n	
Paid by check #	Date	