Carl Sandburg PTSA- Check Request

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Date: ____________________

Make check payable to: ____

Amount $________________________   Receipts Attached? ___Yes   ___No

Committee to be charged: ____

Purpose of expenditure:

Signature of Requester: ____

Signature of Committee Chair (if different):_______________________________________

(Please attach all receipts and invoices)

Check will be placed in your committee folder

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To be completed by Treasurer:

Check Number: _______________________________   Date: __________________

Amount $ ________________________