

Littleton PTA Check Request & Deposit Form

Date _____

Deposit = Check Request =

For Treasurer Use Only: Check # _____ Check date: _____ Amount _____
Deposit Date: _____ Amount: _____

Committee Name: _____

Name of Person Requesting Check or Deposit: _____

Contact Info (phone number & e-mail): _____

Name of your child & their Teacher's name: _____

Signature: _____

****COMPLETE THIS SECTION FOR DEPOSITS ONLY****

Total Amount of Cash to Deposit: _____
(Please separate & bundle cash by denomination & record total of each)

Total Amount of Checks to Deposit: _____
(When depositing 10 or more checks, please attach an adding machine tape for verification)

Total Amount of this Deposit: _____

Person verifying the deposit: _____

****COMPLETE THIS SECTION FOR CHECK REQUESTS ONLY****

Purpose of this Check (Please clearly list all items and amounts):

Check Made Payable To: _____

Total Amount of Check Requested: \$ _____

Please send check directly to Vendor (if you check this, make sure ALL invoices are attached)

Please return check to the Committee Member listed above through their child's class.

****ALL ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS REQUEST BEFORE ANY REIMBURSEMENTS CAN BE ISSUED. SEPARATE FORMS MUST BE COMPLETED FOR DIFFERENT COMMITTEES. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS AND SUBMIT THE ORIGINAL WITH THE ATTACHED RECEIPTS TO THE TREASURER'S FOLDER LOCATED IN THE MAIN OFFICE. THANK YOU!**

Approved: _____ Approved: _____