

# Westlake Council of PTAs

## Check Request Form

<b>Treasurer</b>	Check Number _____
<b>Use</b>	Date Paid ____/____/____
<b>Only:</b>	Posted ____/____/____

<b>Requested by:</b>
Name:
Address:
Phone:
E-mail address:
Committee:

<b>Mail to: (if different than requested by)</b>

<b>Payable to: (if different than requested by)</b>

Description of Expenses	Total

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<b>Total Due</b>	
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**Please note: SALES TAX cannot be reimbursed!**  
**Sales Tax Exemption Certificate must be presented at time of purchase.**  
**Please attach original receipts! No photocopies.**

<b>Treasurer Use Only:</b>			
Amount within budget?			
Yes	No	Paid to: _____	
If No:			
Expense approved by Motion?	Yes	Committee:	Amount:
Date Motion Passed:	____/____/____	_____	_____
		_____	_____