

WESPTA Request for Bank Check

Check Number: _____

Date of request: _____

Date: _____ Cleared: _____

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Committee:

If NOT payable to Requestor please provide Payee and Mailing address below:

Description of expenses	AMOUNT:

IRS Identification No: 23-7256929	TOTAL DUE:	
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Please note: **NO SALES TAX can be reimbursed.** Please use the Tax Exemption form when making purchases. Please attach **all receipts** and **supporting documents** to ensure proper payment.

Treasurer Only -Gray Sections			Committee:	Amount:
Amount within budget?	Yes	No	_____	_____
If No: Expense approved by Motion?	Yes		_____	_____
Date Passed: _____			_____	_____

1. Please bring check to next WES PTA meeting _____
2. Please mail check. I have included a self-addressed stamped envelope. _____
3. I will pick up the check from the school or treasurer. Please notify me when ready. _____