

Intervale School PTA

60 Pitt Road □ Parsippany, NJ 07054

PTA Check Request Form

**** Please attach all receipts, invoices or order forms to this request ****

Date: _____

Requested By: _____

Amount Due: _____

Payable To (Name & Address): _____

Reason for Check: _____

Budget Category _____

Authorized by: (Committee Chair)

Check # _____

Date Paid: _____

Account Debited _____