

Check# : \_\_\_\_\_

**HAZEN PTSA 9.11.105  
VOUCHER (Check Request Form)**

Date: \_\_\_\_\_

Pay to the Order of: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_ if not in budget, date Board

Approved: \_\_\_\_\_

*Please see bank account for copy of check.*

Committee: \_\_\_\_\_

Items Purchased:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Amount: \$ \_\_\_\_\_**

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Chairperson's Initials: \_\_\_\_\_

Be sure to check your available budget and seek prior board approval before making purchases. Attach all receipts to this form and return to the Treasurer for a check.

For the Treasurer's Use Only

Check Date: \_\_\_\_\_

Check Amount \$ \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

