

2017-2018 COUNCIL CHECK REQUEST FORM

Instructions: Please complete all unshaded areas of the form. Attach original invoices, receipts, or billing statements. Please remember to include sales tax on reimbursable items.

**Submit to Erin Eaton, Treasurer, at the next meeting or mail to 14703 233rd Ave SE, Issaquah, WA - 98027
If you have questions you can reach Erin at 206-790-4058 or treasurer@issaquahptsa.org**

Please remember all checks require 2 signatures, so please allow a minimum of 10 days for a check.

Requestor: _____

Phone: _____ Date: _____

Committee / Office: _____ Amount Requested: _____

Budget Category: _____

Payee: _____

Explanation - what will the money be used for: _____

Method of Payment

_____ Pay attached bill

_____ Reimburse me at next meeting

_____ Other, please describe _____

Authorized Signature

Name: _____ Date: _____

TREASURER USE ONLY

Check Made Out To : _____

Check Number: _____ Check Date: _____ Check Amount: _____

Budget Category: _____

Treasurer Signature: _____