

Selwyn Elementary School

Check Request (PINK FORM)

*Proper documentation must be attached (invoice, receipt, quote, etc)

Date: _____

Amount: \$ _____

Pay To: _____

PTA Committee: _____

Requested By: _____

Committee Chair Approval: _____

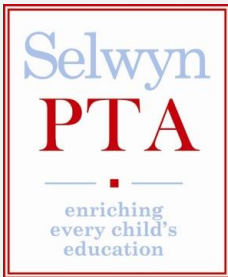
Phone Number: _____

PTA President Approval: _____

Description or Purpose: _____

Please check one of the following: *(Allow 2 weeks for check preparation)*

- Mail to vendor at address attached to invoice
- Leave in my mailbox at school
- Mail to this address: _____



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