

**O'ROURKE PTA
CHECK REQUEST**

Voucher # _____

Check # _____ Date _____

Check Amount _____

COMMITTEE: _____ AMOUNT: _____

CHAIRPERSON: _____ DATE: _____

(Chair signature please)

CHECK PAYABLE TO: _____

ATTACH ORIGINAL RECEIPTS AND IDENTIFY ALL ITEMS PURCHASED:

(SALES TAX IS NOT REIMBURSABLE)

IF IT IS A BILL THAT NEEDS TO BE PAID,
PLEASE INCLUDE THE INVOICE.

PLEASE BRING OR MAIL THIS COMPLETED FORM TO
LORRAINE O'DONNELL 7 COLIN DRIVE, GLENVILLE