

# HODGE PTA CHECK VOUCHER

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*Treasurer Use Only:*

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

Signers: \_\_\_\_\_ Amount: \_\_\_\_\_

Signers: \_\_\_\_\_  
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## *Check Request Information:*

Today's Date: \_\_\_\_\_

Person Requesting Check: \_\_\_\_\_ Phone #: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Is this a personal check reimbursement? Yes/No  
*(Please process your check reimbursement within 30 days from check date)*

If yes, how do you want check delivered: child's class \_\_\_\_\_ or mailed \_\_\_\_  
*(child's teacher/grade)*

Address: \_\_\_\_\_  
*(Please attach a self addressed envelope)*

Vendor Phone #: \_\_\_\_\_

Date Check Needed by: \_\_\_\_\_

Budget accounts(s) to be debited: \_\_\_\_\_ \$ \_\_\_\_\_

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

Purpose of Check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STAPLE ORIGINAL RECEIPT(S) TO BACK OF FORM**

(Return this form w/additional copy to PTA drawer in front office, notify treasurer at [msmith.504@juno.com](mailto:msmith.504@juno.com) when complete)