

EXPENSE AND CHECK REQUEST FORM

DRAW CHECK TO: _____

FOR: (Attach receipts to back) _____ \$ _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Grand Total _____

Charge to Budget Number/Committee: _____

Date of Request: _____ **Date Check Needed:** _____

REQUESTED BY: (Signature) _____

School phone _____ **Home phone** _____

FOR TREASURER'S USE:

Check No. _____ **Amount \$** _____ **Date:** _____

Treasurer's Signature: _____ **Date:** _____

**CTA Staff
Consultant Signature:** _____ **Date:** _____