

# John G. Dinkelmeyer PTA

everychild. onevoice.

2100 Waltoffer Avenue, North Bellmore, New York 11710-1034

proud member of  
**National PTA**  
everychild. onevoice.

## CHECK REQUISITION FORM

COMPLETED FORM WITH RECEIPTS/INVOICES MUST BE SUBMITTED TO THE PTA TREASURER IMMEDIATELY, BUT NO LATER THAN 30 DAYS AFTER EXPENSE IS INCURRED. EXPENSES PERTAINING TO A PARTICULAR EVENT ARE TO BE APPROVED BY THE PRESIDENT, OR THE RECORDING SECRETARY IN THE ABSENCE OF THE PRESIDENT, AND MUST BE SUBMITTED WITHIN 2 WEEKS AFTER THE EVENT. **USE BLUE OR BLACK INK ONLY.**

PLEASE SUBMIT TO THE PTA TREASURER FOR PROCESSING: [JGDPTATreasurer@gmail.com](mailto:JGDPTATreasurer@gmail.com)

### 1. REQUEST TYPE (check one or enter 'x')

<input type="checkbox"/>	Reimbursement Check	<input type="checkbox"/>	Payment to a Vendor	<input type="checkbox"/>	NY State and National PTA Dues	<input type="checkbox"/>	OTHER
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### 2. ENTER NAME OF ACTIVITY

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### 3. EXPENSE INCURRED AS (check one or enter 'x')

<input type="checkbox"/>	OFFICER	<input type="checkbox"/>	CHAIRPERSON	<input type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	OTHER
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### 4. ENTER SUBMITTER INFORMATION

Name	Email Address	Phone Number

### 5. ENTER PAYEE INFORMATION

Name	Mailing Address

### 6. ENTER EXPENSE DETAILS

DATE	ITEM	PURPOSE OF EXPENDITURE	AMOUNT
GRAND TOTAL:			

### 7. SUBMITTER SIGNATURE

DATE

### APPROVED BY:

PTA President Signature \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Check Signed \_\_\_\_\_  
PTA Treasurer Signature \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Check Signed \_\_\_\_\_  
PTA Recording Secretary Signature \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Check Signed \_\_\_\_\_

### TREASURER USE ONLY

Check Number \_\_\_\_\_ Amount \_\_\_\_\_ Date Check Issued \_\_\_\_\_

Approved in Annual Budget? \_\_\_\_\_ Date Budget Approved \_\_\_\_\_

Budget Category \_\_\_\_\_