



**GRANGER MIDDLE SCHOOL PTA
REQUEST FOR CHECK**

Date: _____

Amount: _____

Requested by: _____

Event/Activity: _____

ISSUED TO: Name: _____

Address: _____

Email: _____

Expense(s):

	\$
	\$
	\$
	\$
TOTAL	\$

NO SALES TAX WILL BE REIMBURSED IF PURCHASE WAS MADE AT A STORE THAT ACCEPTS
THE PTA TAX EXEMPT LETTER.

V.P. Initials: _____

To Be Completed by Treasurer:

APPROVED BY: _____ Granger PTA Treasurer

_____ Granger PTA President

CHECK # _____

Date of Check _____

CHECK AMOUNT: \$ _____

Date Check Mailed: _____