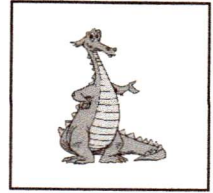




**MPE PTA
CHECK REQUEST FORM**



SUBMITTED BY: _____

DATE SUBMITTED: _____

CHECK AMOUNT: _____

CHECK PAYABLE TO: _____

ADDRESS: _____

PURPOSE: _____

SIGNATURES:
(if needed)

**ATTACH ALL ORIGINAL RECEIPTS
OR
SEND A SCANNED COPY OF THIS FORM AND RECEIPTS TO:
mpe.pta.treasurer@gmail.com**

PLEASE ALLOW UP TO 4 WEEKS FOR REIMBURSEMENT

APPROVAL TO PAY: _____

BUDGET ACCOUNT: _____

CHECK NUMBER: _____ DATE: _____

CHECK DISPOSITION: _____ MAIL TO PAYEE _____ RETURN TO: _____