

Van Arsdale PTSA

Check Request/Cash Receipt Verification

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Treasurer 2015-2016

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Please attach receipt/invoice with this request.

CHECK REQUEST

Date of Request _____ Date Needed _____

Amount \$ _____

Name of Payee _____

Address of Payee _____

Committee/Event/Description _____

Person Requesting Check _____

Check Destination (mail, pick up, etc.) _____

VAPTSA USE ONLY

Account: _____ Date: _____ Check # _____ Amount \$ _____ Posted: _____

CASH RECEIPT VERIFICATION

Source of Cash _____ Date _____

Amount of Cash: \$ _____ Verified _____

Amount of Coin: \$ _____ Verified _____

Amount of Checks: \$ _____ Verified _____

Total Amount: \$ _____ Verified _____

X

Signature of Person Turning in money

X

Signature of Treasurer and date

Notes/Discrepancies: _____
