

HARRISON TOWNSHIP PTA, INC.

120 N. MAIN STREET

MULLICA HILL, NJ 08062

Check Request

DATE: _____ DUE DATE: _____

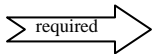
PAYEE: _____

ADDRESS: _____

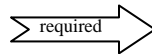
PURPOSE / EVENT: _____

AMOUNT: _____

REQUESTED BY: _____ AUTHORIZED BY: _____
Print Name *Print Name*



Signature



Authorized Signature

NOTES: _____

All forms must be filled out completely, have receipts attached and proper backup before checks will be issued.

Must be submitted within 30 days of expense being incurred or before the end of the fiscal year, whichever is earlier.

Completed by Treasurer

G/L ACCT: _____ G/L # _____ Amount _____

CHECK NUMBER: _____ DATE PAID: _____