

CHECK REQUEST FORM

PTA of PS 452
210 West 61st Street
New York, NY 10023

Date submitted: _____

Pay to the order of: _____

Send to: _____



Please include details below:

Item(s) Purchased	Amount	Budget Line	Details re: expense

Total Expenses

Signature of approving officer: _____

*****PLEASE ATTACH RECEIPTS*****

For Treasurer's use only:

Date Paid: _____ Check #: _____