

Chinook Middle School PTSA
Check Request Form (Vendor Payment)

Instructions:

- Use this form to request payment **directly to a vendor** for PTSA-approved expenses.
- This form is **not** for reimbursements to individuals.
- Attach invoice and W-9 (if required). Allow up to two (2) weeks for processing. Contracts must be approved by President.

Date of Request: _____

Dollar Amount: \$ _____

Check Payable To (Vendor Name): _____

Vendor Mailing Address:

Vendor Email (optional): _____

Description of Services / Goods Provided:

Event / Program (if applicable): _____

Budget / GL Category: _____

Check Delivery (check one):

- Mail to vendor address above Hold for pickup in office

Requested By (print): _____

Signature: _____ **Date:** _____

For PTSA Treasurer Use Only

Check #: _____ **Amount Paid:** \$ _____ **Date Issued:** _____

President Approval (signature): _____

GL Account: _____

Attach invoice, contract (if applicable), and W-9 (if required).