

SUNNYVALE MIDDLE SCHOOL PTSA
1080 Mango Avenue
Sunnyvale CA 94087

CHECK REQUEST

Only check requests with an invoice or a receipt attached will be fulfilled

DATE _____

PAYABLE TO: _____

AMOUNT \$ _____

PURPOSE: _____

DO THIS WITH CHECK _____
(put in teacher's box, mail in attached envelope,)

REQUESTOR'S NAME _____ PHONE: _____

REQUESTOR'S SIGNATURE _____ E-MAIL: _____

TREASURER'S USE

Check # _____

Fund _____

APPROVED BY PRESIDENT OR VICE PRESIDENT