

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 #: _____