

**PLEASANTDALE PTA - SCHOOL DISTRICT 107**  
**7450 South Wolf Road, Burr Ridge, IL 60527**

**CHECK REQUISITION**

(also available online at [d107.org](http://d107.org) via PTA Link)



|                |  |                    |  |
|----------------|--|--------------------|--|
| Committee      |  |                    |  |
| Chairperson    |  | Phone #            |  |
| Date Submitted |  | Date Check Needed: |  |

| Date         | Receipt From: | Description of Expense (NOTE: NO SALES TAX IS ELIGIBLE FOR REIMBURSEMENT) | Amount |
|--------------|---------------|---|--------|
|              |               |   |        |
|              |               |   |        |
|              |               |   |        |
|              |               |   |        |
|              |               |   |        |
|              |               |   |        |
|              |               |   |        |
| <b>TOTAL</b> |               |   |        |

|                                      |  |  |
|--------------------------------------|--|--|
| Payable To:                          |  |  |
| Address:                             |  |  |
| Special Check Delivery Instructions: |  |  |

Requested By:

|             |  |
|-------------|--|
| Print Name: |  |
| Signature:  |  |
| Phone #:    |  |

| Accounting Use Only |            |
|---------------------|------------|
| Account             | Amount     |
|                     |            |
|                     |            |
|                     |            |
| <b>Total Check</b>  |            |
| Check Number        | Check Date |
|                     |            |

A MINIMUM OF 3 DAYS IS NEEDED TO PROCESS CHECK REQUESTS.  
 A RECEIPT IS REQUIRED FOR ANY REIMBURSEMENT. Please attach.

Contact Alli Gulliver at 630-321-9942, fax 630-321-9943 or [allibabble@aol.com](mailto:allibabble@aol.com)