

Lakewood Early Childhood PTA Deposit/Check Request

Submitted By: _____

Committee Name: _____

Description of Activity: _____

Make Check Payable to: _____

Mark Delivery Preference:

Call when ready for pick-up (_____) _____ - _____

Please bring to next Board Meeting

Mail to address below:

List and Attach Receipts or List Information about Deposit:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

TOTAL \$

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Treasurer Section	
Date: _____	
Category: _____	
Check Number: _____	Amounts Vouched By: _____