



APT Check Request Form

Date of Request _____

Payment Requested By

_____ Cherokee	_____ Visiting Author	_____ Social Studies Museum Express
_____ DPM	_____ Fine Arts	_____ DPM Graduation Dance
_____ Everett	_____ School Spirit	_____ Administrative _____
_____ Sheridan	_____ Parent Awareness	_____ Other Exec. Committee _____

Request Made By

Your Name _____

Phone Number _____

Event Pertaining to Check Request _____

Itemization	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Please Attach Receipts and/or Contract Copies. Remember, sales tax is not reimbursable.

Make Check Payable To _____

Send Check To _____

Approved By _____

Approval must be made by Building President and Treasurer if \$150 or more, or Approval may be made by Building Treasurer if less than \$150, or Approval may be made by Executive Board Committee Chair or Graduation Dance Committee Chair, as appropriate.

Date Paid _____ Check # _____ Account Distribution _____