



stratfordroadpta@hotmail.com

www.stratfordroadpta.com

District website: www.pobschools.org

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### CHECK REQUEST FORM

**For Payment:** Please submit this form with receipts or invoices attached to:

Kim Bell, Treasurer Stratford Road PTA

Name: \_\_\_\_\_ Date: \_\_\_\_\_ # Receipts: \_\_\_\_\_

Category/  
Description \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_

Category/  
Description \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_

Category/  
Description \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

Check One: Please Mail Check\* \_\_\_\_\_ I will pick up check\*\* \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\* You must include your address if you would like the check mailed.

\*\* To make arrangements to pick up check, please call (516)448-1816

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CHECK # \_\_\_\_\_ (for Treasure's use only)