

## Hommocks PTA Check Request

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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

Address to send check (if different from above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item	Purpose of Expenditure	\$

**Please submit check request form (with any receipts) to  
Mary Leitner  
750 Rushmore Ave  
Mamaronck. NY 10538**