



ISSAQUAH HIGH PTSA CHECK REQUEST FORM

Please include original receipt/invoice with this form.

The IH PTSA is grateful for everything you do to support the students, staff, and parents of Issaquah High!

Amount Requested: \$ _____ Date: _____

Name: _____ Email: _____

Check Payable To: _____

Street Address: _____

City, State, ZIP: _____

Budget Category (if known): _____

Purpose: _____

Signature of Person Submitting: _____

Please give form & receipt the PTSA treasurer, either by placing in PTSA mailbox at IHS or mailing to IHPTSA, PO Box 2541, Issaquah, WA 98027. Reach out to IHPTSATreasurer@gmail.com with any questions.

For Treasurer's Use Only

Check Payable To: _____

Check Number: _____ Check Date: _____

Check Amount: _____

Budget Category: _____