



CHECK or REIMBURSEMENT REQUEST

Date: _____ Amount Requested: _____

(Attach receipt)

Check Payable To: _____

Contact Name & Phone _____

Committee/Event/Budget Account _____

Specific Purpose of the Funds: _____

Once check is issued (indicate choice)

You will pick it up from PTA Parent Pick up Box / Staff Mail Box
(Preferred choice)

We will send it to you through kid mail

Student's name _____ Grade _____ Teacher _____

It should be mailed to the following address:

Requested By: _____ Committee Chair? Yes / No

Approved By Committee Chair (Required): _____

⇒Please attach receipts or invoices to this request. Payment cannot be made without receipt.

⇒Completed Request Form should be placed in the PTA Treasury Box.

⇒Please allow 5 school days for request to be filled.

Thank you,

PTA Finance

For Treasury use only

Approved by: _____

(Signature of PTA President, VP Finance, Treasurer)

Account Number: _____ Account Name: _____

Date Paid: _____ Check # _____

9/2009