



---

**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,

PTAFinance

---

For Treasury use only

Approved by: \_\_\_\_\_  
(Signature of PTA President, VP Finance, Treasurer)

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_