



**CHECK OR REIMBURSEMENT REQUEST**

Please attach receipts or invoices to this request. Prevent delays in reimbursement by submitting this form with proper approvals and receipts. Place completed form with receipts in the PTA Treasury Box. Contact [treasurer@clydehillpta.org](mailto:treasurer@clydehillpta.org) if you have any questions.

Date:		Amount Requested:	
Check Payable To:			
Specific Purpose of the Funds:			
Committee/ Program:			
Requested By:			
	[Print Name]	[Signature]	
Is requester the committee chair?	Yes / No		
Approved by Committee Chair: <b>(required)</b>			
	[Print Name]	[Signature]	

Once check is issued, select one of the options below:

- You will pick it up from PTA Parent Pick Up Box/Staff Mail Box (PTA Preferred Option)
- We will send it to you through kid mail

-Student's Name: \_\_\_\_\_ Teacher \_\_\_\_\_

- Mail to the following address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR TREASURY USE ONLY**

Approved By: \_\_\_\_\_  
Print Name Signature

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

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