



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 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: (required)			
	[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 #: _____