

PTSA

\$\$\$ CHECK REQUEST FORM \$\$\$

Today's Date: _____ Event: _____

Total Amount Requested: \$
(Attach receipts to back of this form)

Person Requesting Reimbursement: _____

Funds Were Used For: _____

Issue Check To: Same as requesting reimbursement above

Check Delivery: Mail to the following address:

Send with Stafford Student:
_____ Teacher's Room # _____

Leave in box in office

AUTHORIZED SIGNATURE _____
Committee Chairperson or Principal

BUDGET CATEGORY: _____
___ Core Budget ___ Special Projects Budget
___ Board Special Approval (Meeting Date: _____)

Reimbursement forms must be submitted no later than June 30th of current school year.

***** **FOR PTSA USE ONLY** *****

Check Number: _____
Check Date: _____
Check Amount: _____