

SBCE PTA

Check Request Form

Please complete this form for expenses incurred as a results of performing service on behalf of the PTA. This form may be used to receive reimbursement of expenses or request payment to a vendor.

Your Name: _____

Date: _____

Amount: _____

Make check payable to: _____

Please select one:

Mail check to address:

Send check home with:
Child's name: _____
Child's teacher: _____
Child's grade: _____

Place in school mailbox

Budget area/committee: _____

Description: _____

Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses.

Submitted by: _____
(your signature)

VP Approval: _____