

Highland Elementary PTA CHECK/REIMBURSEMENT REQUEST FORM

DATE: _____ TOTAL AMOUNT: \$ _____

Name of Committee: _____

Name of Person Requesting Check: _____

Purpose of Expenditure: _____

To Whom Should the Check Be Paid?

Name _____

Address _____

Phone _____

If this check is for you:

___ Mail OR ___ Send home with child.

Child Name & Room# _____

Your

Signature: _____

PLEASE ATTACH RECEIPTS!!!! All requests must be submitted within 30 days of being incurred. Thanks! Questions?? Please contact jmaruna@neo.rr.com

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Date received by Treasurer: _____