

SYCAMORE CREEK ELEMENTARY SCHOOL

PTA CHECK REQUEST

Please complete within 30 days of expenditure

Date Submitted: _____

Submitted by: _____

Budget Item/Activity: _____

Make check payable to: _____

Address: (If Mailing) _____

Store/Vendor	Item Description	Amount
Total Reimbursement		\$

ORIGINAL receipts must be attached to this request. Place completed form in the PTA Treasurer's folder (Teacher Workroom, PTA file crate)

How would you like to receive your check? (check one)

- _____ Mail to the above business address
- _____ Teacher Mail Box (Teachers Only)
- _____ PTA Mail Box (PTA Board members Only)
- _____ Mail to my home (must include self-addressed, stamped envelope with request)
- _____ Send home with my child (Child's name _____ Teacher _____)

President/VP's Approval: _____

Date: _____

Treasurer's Signature: _____

Budget Line item balance after this check request \$ _____

Check # _____ Check amount \$ _____ Check Date _____