



Check Request Form

Items that have * next to it are required. Please make sure to fill out completely to avoid a delay in your check being processed.

*Today's Date:	
*Name of Person Requesting Check:	
*PTA Position:	
*Event/Activity/Program Name:	
*Description of Expense:	
*Amount Requested:	
*Signature of Requester:	
Make Check Payable to (if different than requester):	
Address (if needed):	

To submit this form for reimbursement:

- 1) attach original receipts or an invoice and place it in the PTA mailbox located in the office.
- 2) email this form to treasurer@LBLongfellowPTA.org and bring original receipt or invoice to the next PTA meeting.

Note: PTA bylaws require a receipt or invoice to process reimbursements.

Accounting Use Only

President's Signature

Recording Secretary's Signature

Date Approved in Minutes: _____

Check No: _____