

Morikami Park Elementary School PTA 2009-2010 Check Request For Payment/Reimbursement

Requested By: _____ (print name)
 _____ (signature)

Date of Request: / / Amount of Request: _____

Make Check Payable To: _____

Reason For Request: (please separate amounts by budget category)

<u>Amount</u>	<u>Date</u>	<u>Receipt Attached</u>	<u>Reason/Budget Category</u>
_____	_____	Y / N	_____
_____	_____	Y / N	_____
_____	_____	Y / N	_____
_____	_____	Y / N	_____
_____	_____	Y / N	_____
_____ TOTAL			

Please check one: (you will receive an e-mail when your check is ready)

_____ Leave in PTA Mailbox for pickup

_____ Send home with my Child _____

Grade _____ Teacher _____

_____ Mail to: _____

Approved By PTA President: _____ (signature)

(Approval is required prior to submitting to Treasurer for reimbursement.

*Completed forms should be placed in PTA Mailbox - Green Folder Labeled **For***

***Jamie Garroway**. Once approved, Jamie will forward to Treasurer for processing.)*

For Treasurer's Use Only: Date Paid: / / Check # _____

Budget Category: _____ Treasurer Signature: _____