



TEACHER
Check Request/Reimbursement Form

Please staple all documents to the BACK of form. Requests will not be processed without original documentation & must be turned in within 30 days of expenditure.

Date Requested: _____ Amount: _____

Check Payable to: _____

NOTE: Teacher's checks will be placed in their school mailbox.

Description of Request:

Item(s) Requested:

Budget Line Item: _____

Request from an approved Teacher Grant: Yes No

Prepared by: _____

Approved by:

_____ Principal Signature	_____ DATE	_____ PTA Officer Liaison	_____ DATE
Print Name: _____		Print Name: _____	

All COMPLETED forms must be turned to Principal Frick.
Please allow **TWO WEEKS** from completion with all signatures for processing.
Checks must be cashed within 60 days. Questions: mabrytreasurer@gmail.com

Office Use:
Payment Method: Check _____ Online _____
Payment Delivery: _____ Notes: _____