



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

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: mabryptapresident@gmail.com