



**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:

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Item(s) Requested:

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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](mailto:mabryptapresident@gmail.com)