
ATKINSON PTA CHECK REQUEST FORM

◆ *Please Print Clearly* ◆

First Name: _____ Last Name: _____

Home Phone: _____ Amount of Reimbursement: \$ _____

For/Event: _____

If expenditure is from OLG funds, OLG Chair must sign here & indicate the OLG account that the expenditure is to be deducted: _____

How would you like to receive your reimbursement (check one)?

Mail check to the address listed below:

Street Address

City, State

Zip

Pick up in PTA mailbox

Pick up in OLG mailbox

Send to my child's classroom (fill in classroom information below):

Child's Name:

Teacher's Name:

Classroom #:

◆ ***Please attach your receipts or a voucher – No checks can be written without supporting documentation*** ◆

Signature: _____ Date: _____

Person requesting check

For Treasurer Use Only

Check #: _____

Date Sent: _____

Date Cleared: _____