

CPES PTA CHECK REQUEST FORM

Please complete this form and attach all receipts or invoices. If the invoice needs to be mailed, you need to submit the original and a copy of the invoice. Return this form with the relevant documents to the PTA mailbox in the office, attention: Marnie Sturm, Treasurer. If you have any questions, please feel free to contact me at mesturm@cox.net.

Requestor's Name: _____ Date: _____

Make check payable to: _____

Total amount to be reimbursed: \$ _____

	Amount	Category
Receipt 1	_____	_____
Receipt 2	_____	_____
Receipt 3	_____	_____

I have verified that all invoices and/or receipts are correct.

Signature of requestor

Please send check:

___ By backpack; Child's name, teacher/grade: _____

___ By mail; Home address: _____

___ I will pick up check at your house

___ Mail check with invoice.

For treasurer's use only.

Check Num: _____

Check Date: _____

Category: _____