



Hope Elementary School PTA CHECK REQUEST FORM

Treasurer Use Only:	
Check #:	_____
Amount:	_____
Payee:	_____
Date:	_____
Account #:	_____

Date: _____

Requested By: _____

Phone #: _____

Exact Amount of Request: _____ (including tax, and/or other additions)

Items included on this request:

PTA Sponsored Event		
Category:		<i>Hospitality, Monster Mash, Red Ribbon, etc.) (Signature Required)</i>
Event Coordinator's Approval:		

Room Parents Only		
Teacher's Name & Grade:		(Printed)
Teacher's Approval:		(Signature Required)
Number of Students:		(# Required)
The PTA reimburses RP:	\$5.00 per Student	

Once processed, your check will be placed in an envelope in the PTA Treasurer Inbox. If you would like the check mailed to you, please Attach a self-addressed, stamped envelope. Check requests are processed as quickly as possible. They must be signed off by the PTA President and the PTA Treasurer. Please be patient. If you do not receive your check within 30 days, place a note in the PTA Treasurer's inbox.

PTA USE ONLY:

If request is not budgeted or within budget, indicate date Board approved funds: _____

Additional amount approved by Board: _____

President's or Executive VP's Approval: _____

Financial Secretary approval: _____

Date check delivered or mailed to requestor: _____

Check written by: _____ (print name)