

FELIDA PTA CHECK REQUEST and/or REIMBURSEMENT

(Due by JUNE 1st)

Submitted by: _____ Grade () Date: ____/____/____

Make check payable to (If dif. than above): _____

Telephone: _____

Project/Committee/Dept: (If more than one item, please write amount)

Event/Fundraiser: _____

Staff Support: Individual or Grade Level _____

Other: _____

INSTRUCTIONS: Attach receipts to request. Circle TOTAL claimed on each receipt. Checks CANNOT be issued without ORIGINAL receipts or invoice. Contact PTA **Treasurer** felidafalconspta@gmail.com

ITEM(S): Please list each receipt seperately. If more are needed, use back

AMOUNT(S):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

***Signature of Committee Chair or
PTA Executive Officer*:** _____

TOTAL*

(*If reimbursement is for a PTA event, Committee Chair should sign form signifying approval of expenses. All other reimbursements/payments are paid using the approved Budget by the PTA Treasurer, President & Vice President.)

Please check one:

Leave check in my staff box

Send check home in my child's Friday Folder:

/

Youngest Child's Name & Grade: _____

Child's Teacher: _____

Mail check to address: _____

Other (Specify): _____

For Treasurer's Use Only:

Logged into M.Minder? ____/____/____ by _____

Budget Category Applied: _____

Check #: _____

Staff Support: Teacher or Grade Level _____

Check Amount: \$ _____

OTHER: _____

Date Received or Written: ____/____/20____

Paid To: _____

Special Notes: _____