

**COLIN POWELL ELEMENTARY SCHOOL PTA
CHECK REQUEST FORM FOR TEACHER CLASSROOM EXPENSES**

Check Request Number _____ (Please do not fill this in)

Date Submitted: _____ # of Receipts attached: _____

Requester: _____

Home phone: _____ Email: _____

Approved By:

Committee Chair: _____ and

PTA President or Vice President: _____

Payment or Reimbursement Requested for:	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Check Amount:	\$ _____

*******ATTACH ALL RECEIPTS FOR REIMBURSEMENT*******

How do you want to receive the check: _____ Put check in school mailbox or
_____ Mail check

Address: _____

*******FOR PTA TREASURER USE ONLY*******

Check Date: _____

Check # : _____

Amount:\$ _____