



2019-2020 Room Parent Check Request Form

Requester fills in this section:

Date of Request: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_

Note: Attach receipts, Reimbursement is up to \$30/year

Budget Category: Room Representative Expense

Classroom Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Reimbursement Check Delivery Instructions:

Return to me via (check one):

\_\_\_\_\_ Send home with my child

Child's Name \_\_\_\_\_

Teacher/Grade: \_\_\_\_\_

\_\_\_\_\_ Put in my Committee Folder

Other

Please Note: Original receipt(s) to be reimbursed must be attached to this form and will not exceed the \$30 per classroom budget for the school year. Authorized Room Parents may seek reimbursement or must approve purchases for the classroom - failure to obtain approval may result in purchaser having to incur the expense. Completed check requests should be turned into the PTA Treasurer folder and will be processed in 3-10 days from receipt by the Treasurer. Submissions are due within 30 days of purchase.

Signature of Requester: \_\_\_\_\_

Date \_\_\_\_\_

Requester E-mail: \_\_\_\_\_

Room Parent Approval: \_\_\_\_\_

Date \_\_\_\_\_

(Only needed when the Requester and Room Parent are NOT the same; otherwise N/A is sufficient for this field)

PTA President Approval: \_\_\_\_\_

Date \_\_\_\_\_

For Treasurer's Use Only

Date Issued: \_\_\_\_\_

Check number: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_