



Check Request Form

Date Request Submitted: _____/_____/20_____

Payment Type (please circle one): Reimbursement Request to Pay Vendor Directly

Other: _____

Requestor's Name: _____

Requestor's Title/Position (please circle one): Parent Association Member Teacher

Other: _____

Payee's Name (if not the same as requestor): _____

Total Amount Requested: \$ _____

Budget Category (please circle): Faculty Support (classroom/cluster allocations, etc.)

Special Projects/Mini-grants Candy Sale Enrichment Yearbook Events

Sounding Board PA Meetings Other: _____

Describe items or services purchased on the lines below and attach the receipt to this form (for request to pay vendor directly, describe items or services you wish to purchase, provide an itemized cost list or attach a bill or invoice):

*****No payments will be made without submitting proper documentation*****

Check # _____

Check Amount _____

Date of Check _____

Budget Category _____