



Jackson School PTA

JACKSON ELEMENTARY SCHOOL

CHECK REQUEST FORM

Date:

Check Payable To:

E-mail or Phone:

Please check one:

- Reimbursement Request
- Direct Vendor Payment
- Advance Check Request

Description of Expense:

Total:

Please check payment delivery method:

- Send home with Child. Teacher: _____ Child's Name: _____
- Put in my mailbox
- Other, please specify _____

***Note:** All expenses must be approved in the PTA Budget or at a General Meeting prior to reimbursement. Checks are written once a week. If you need a check sooner, please contact the PTA Treasurer. The checks will be delivered as you specify on the Check Request Form. If you have any questions, please contact the PTA Treasurer – treasurer@jacksonschoolpta.com*

ALL RECEIPTS/INVOICES MUST BE ATTACHED

Treasurer Use Only:

Check no.: _____ Date: _____ Amount: _____ Initials: _____

Budget Category and Subcategory: _____