

Hillside Avenue School CLASS PARENT CHECK REQUEST FORM

- 1 - Complete Form
- 2 – Staple receipts to form * Receipt must be attached for payment*
- 3 – Check total on form and total of receipts
- 4 – Place in unsealed, self-addressed, stamped envelope
- 5 – Hand to Class Parent Committee Chair

REQUESTED BY: _____ Requester's Phone #: _____

DATE: _____ Grade: _____

Date of Class Event: _____ Teacher: _____

Class Event: _____

Make Check Payable To: _____ AMOUNT: _____

Tell us about your event:

I acknowledge that these funds were requested for the purpose of PTA business:

(SIGNATURE of Person Requesting Reimbursement)

THIS SECTION FOR PTA USE ONLY		
_____		_____
<i>Class Parent Committee Authorization</i>		<i>Date</i>
_____		_____
<i>President's Authorization</i>		<i>Date</i>
_____		_____
<i>Treasurer's Authorization</i>		<i>Date</i>
Budget Applied To _____	Date Paid _____	Check # _____