



Elsmere Elementary PTA Check/Reimbursement Request Form

Name: Child's Name/Teacher:

Committee/Event:

Date of the Event:

Date Requested:

Check Payable to:

Amount Requested/Items Purchased:

Total Amount \$ _____

Please attach all receipts and invoices. Thank you.

Completed forms can be sent to PTA Treasurer and can be left in the "PTA Treasurer" envelope in the main school office. _____

The check will be sent home via the child/teacher noted above unless other arrangements are made.

PTA Approved: _____ Date: _____

Check Number: _____ Date Mailed: _____