



# Glenmont Elementary PTA Check Request/Reimbursement Voucher

DATE OF REQUEST: \_\_\_\_\_  
(Must be submitted by December 1st)

COMMITTEE/EVENT: **PTA TEACHER GRANT**

SUBMITTED BY: \_\_\_\_\_  
(Print Name) (Signature)

SUMMARY OF HOW FUNDS WERE USED:  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT: \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_

PAYEE CONTACT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

PAYMENT INSTRUCTIONS: (Please check one):

- Mail to above address.
- I will pick up the check.
- Please place it in my box at school.

***Attach all applicable receipts/invoices/price quotes!***

.....  
*Treasurer's Use Only*

Date Request Received: \_\_\_\_\_

Date Check Written: \_\_\_\_\_

Budget Category : TEACHER GRANTS

Check # \_\_\_\_\_

Audit Date & Initials: \_\_\_\_\_