



CHECK REQUEST/REIMBURSEMENT FORM

everychild.one voice.®

Requested by: _____ Date: _____

Phone #: _____ Email: _____

Check to be made Payable To: _____

Amount of total request: \$ _____

All receipts or invoices must be attached when form is submitted.

Budget category to charge (Circle below – if more than one, please indicate amounts for each):

| | | | |
|---------------------------|----------------------------------|------------------------------------|--|
| Room Parent Crafts (6083) | Cultural Arts (6010) | 5 th Grade Party (6100) | Spirit wear (6035.8) |
| Room Parent Food (6084) | Teacher Hospitality (6055.2) | Field Day (6200) | Other – Describe expense below or email Treasurer for budget category |
| Aesthetics (6000) | Teacher Appreciation Week (6095) | Teacher's Class Fund (6090) | |

Description of expenditure: _____

Room Parent Crafts \$ _____ Room Parent Food \$ _____

Class (Teacher/Grade) to apply expense to _____

Check is to be:

Mailed

Sent to address: _____

Send home with Student

Student Name _____

Teacher/Grade _____

Return to school

Signature of Requestor: _____

Submit form and supporting documentation to the Treasurer's Folder in the Gayton Office.

Only items approved in the budget will be reimbursed.

Contact Shannon Barber at gaytonptatreasurer@gmail.com with any questions.

Treasurer's Use

Date check issued: _____

Check # _____

Date check sent: _____

Treasurer Initials: _____