

2016-2017 Teacher & Staff Check Request Form

Requester fills in this section:

Date of Request: _____

Person Requesting: _____

Check one category below and then fill out the description:

_____ Class/Grade: _____

_____ Special/Special Ed: _____

_____ Group: _____

Make Check Payable to: _____

Amount of Check: \$ _____

| |
|--|
| Delivery Instructions: |
| _____ Mail directly to vendor: _____ _____ |
| Return to me via: |
| _____ Put in my School Mailbox |
| _____ Other: _____ |

Budget Category: Teacher Grants

Purpose of Expenditure: _____

Please Note: Invoice(s) to be paid or Receipt(s) to be reimbursed must be attached to this form. Submitted expenses can not exceed the approved budget amount per classroom/group. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expense. When submitting a request on behalf of someone else (i.e., for one of the groups), a signature of that individual (i.e., department head) must appear below. For situations where teachers/ groups wish to combine funds, all signatures should be included below or on additional Teacher & Staff Check Request Forms.

Signature of Requester: _____

Date: _____

Additional signature (as needed): _____

Date: _____

Print name and title: _____

Additional signature (as needed): _____

Date: _____

Print name and title: _____

PTA President Approval: _____

Date: _____

For Treasurer's Use Only

Date Issued: _____

Check number: _____

Comments: _____

Treasurer's Signature: _____