

### 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: \$ \_\_\_\_\_

<b>Delivery Instructions:</b>
_____ 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: \_\_\_\_\_