

Please note: Your reimbursement may be denied or delayed without proper receipts and/or back-up documentation.

CHECK REQUEST FORM (2018-2019)

(use to request reimbursement from the FCCPTA)

1.

Date of Request:	
Activity:	
Person requesting:	
Requestor Email/phone #: (in case there are questions)	

2.

Make check payable to:	
Mode of check delivery: (circle one)	USPS Hand deliver Other _____
Mailing Address (if applicable)	
Amount Requested:	\$ _____
Budget Category: (if known)	
Purpose of Expenditure:	

Signature of requestor (if possible): _____ **or**
 Treasurer received receipts from: _____ (Initials: ____; Date: _____)

FOR TREASURER'S USE ONLY

Date issued: _____ Check #

Line Item/Budget Category applied: _____

Comments: _____

Mode of delivery: _____

Entered into DB Check cleared bank Date check cleared: _____