



## Apollo Elementary PTA Check Request Form

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Please attach receipt or invoice to this form. This will enable the PTA to keep complete records of the amounts spent from our approved budget. All forms must have your signature and the signature of either the VP in charge of your committee or the PTA President. Teachers please put your reimbursement form in the PTA President's box for approval.

Date Submitted: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Where would you like the check to be sent?

Book Bag \_\_\_\_\_ Child's Name/Grade/Teacher \_\_\_\_\_

Mailed to Home: Address to send check: \_\_\_\_\_

Itemization or explanation of how money was spent: \_\_\_\_\_

Committee /Budget: \_\_\_\_\_

Total Amount of Check/Reimbursement: \_\_\_\_\_

Approval by VP/President: \_\_\_\_\_

\*\*\*PLEASE ATTACH RECEIPTS TO BACK OF THIS FORM\*\*\*

Please contact [treasurer@apollopta.org](mailto:treasurer@apollopta.org) with any questions.

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(Treasurer use below this line)

Budget Category \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_

Amount \_\_\_\_\_ Misc. Notes \_\_\_\_\_