

**Groveland PTA
Check Request Form
(Request for Reimbursement Detail)**_____

This form accompanies your receipts and the Direct Pay Form for payment. Date:

Name: _____

Address: _____

Phone: _____ **E-mail:** _____

Committee to deduct expenses from: Brief details of expense:

Brief Description of Expense:

Amount requested: _____

Would you like check in mail? _____ Left in PTA Closet? _____

PTA Use Only

Date Received: _____ Date Check Issued: _____ Requisition Number:

_____ Amount from budget: _____ Date Recorded : _____

By: _____