

Beverly Woods Elementary School PTA

Check Request Form

Please attach all receipts, invoices order forms, contracts, etc. to the **BACK** of this form. Proper documentation is required for reimbursement. Checks not cashed after 120 days will be voided.

Name of person requesting check: _____

Make check payable to: _____

Location to put check: _____ In my box in the workroom

_____ Sent home with Child
Child's Name _____
Child's Teacher _____

_____ Mail to this business address (include zip)

Check Amount: \$ _____

Apply to budget item: _____

Reason for purchase: _____

Date: _____

Your signature:

Additional Notes, Comments or Questions:

