

# SFPTA CHECK REQUEST FORM



**Make Check Payable To:**

**Send/Return Check To:**

\_\_\_\_\_

**Check Requested By:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**Total Amount Requested:**

**Date Requested:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_

**Date Needed:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Committee to be Charged:**

<u>Amount</u>	<u>Committee</u>	<u>Description</u>	<u>Amount</u>	<u>Committee</u>	<u>Description</u>
_____	Accelerated Reader	_____	_____	Fundraiser	_____
_____	Administrative	_____	_____	Holiday Mart	_____
_____	Art Fair	_____	_____	Homeroom Reps	_____
_____	Artist in Residence	_____	_____	Hospitality	_____
_____	Assemblies	_____	_____	Indoor Recess	_____
_____	Battle of the Books	_____	_____	Kindergarten Lunch	_____
_____	Book Fair	_____	_____	Leadership	_____
_____	Bulletin Board	_____	_____	Membership Dues	_____
_____	Cubs Corner	_____	_____	Office Supplies	_____
_____	Family Bingo Night	_____	_____	School Pride	_____
_____	Family Fitness Night	_____	_____	Staff Appreciation	_____
_____	Family Reading Night	_____	_____	Track & Field	_____
_____	Family Science Night	_____	_____	Volunteer	_____
_____	Fifth Grade Celebration	_____	_____	Celebration	_____
_____	First Grade Lunch	_____	_____	Website	_____
_____		_____	_____	Yearbook	_____

Please attach receipts and return completed form to Theresa Fornella in a timely manner. Reimbursement requests should be submitted within a month of your receipt date. Please turn in at least 2 weeks before needed, if possible. Any questions please email Theresa Fornella [treasurer@southfayettepta.org](mailto:treasurer@southfayettepta.org) or Maureen Hiser at [president@southfayettepta.org](mailto:president@southfayettepta.org).

Thank you for your time and cooperation!

Approved By:		
Check #	Date	Amount Paid