

Receipt Total: _____

Checked by: _____

Bell's Crossing Elementary School PTA

2024-25

Check Request Form

Attention: Treasurer

Requester (please attach all receipts; \$200 max reimbursement for full time teachers, receipts can total over max; no food items allowed)

Date:

Amount Requested:

Payable To:

Brief Description: Beginning of Year Teacher Supplies

Submitted By:

Phone/Email:

Treasurer

Date:

Check #:

Amount \$:

PTA Budget Expense Category: Teacher Supplies

CONFIRMATION OF CHECK RECEIPT

Must be signed and returned to the PTA mailbox upon receipt of check

Do not remove receipts, Treasurer must keep receipts for accounting purposes!

Sign and Date upon receipt of check

Signature:

Date: