



**Mother Teresa**  
Regional School

**Reach Higher**

## PTA Request for Checks

Please attach all bill and/or statements to this form. Make check requests at least two days in advance.

Name on Receipt (ie Target, The Dollar Store)	Reason For Reimbursement	Amount
Total Amount Due		

Requested by \_\_\_\_\_ Date: \_\_\_\_\_

Check Payable to \_\_\_\_\_

Event \_\_\_\_\_

Approved \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Date of Receipt \_\_\_\_\_ Date of Reimbursement \_\_\_\_\_

Check Number : \_\_\_\_\_

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