



CLOVERLY ELEMENTARY PARENT TEACHER ASSOCIATION
Reimbursement / Check Request Form

1. This form must be used for all PTA reimbursements with receipts attached. A check will not be issued without this form and receipt(s).
2. Please fill in the budget line to which the expense should be charged, include total amount.
3. All checks to parents or guardians will be mailed to the payee at the address indicated below. For your protection, CHECKS WILL NOT BE SENT HOME WITH STUDENTS or held at school (Staff members have the option of getting checks delivered to their school mailbox).
4. All reimbursement forms must be received within 30 days of the transaction. Checks will only be cut once a month in time for that month's PTA meeting.
5. All outstanding reimbursement forms must be submitted within 7 days of the last day of school.

Check Request From (please print name)	
Signature	
Phone	
Check Payable to	
Street	
City, State, ZIP	
Description of Expense(s)	
Budget Line / Total Amount of Reimbursement	

Additional Information:

PTA TREASURER USE ONLY

Approvals:	Treasurer:	President:
Amount Paid: \$ _____	Check Date:	Check #

For Cloverly Staff Only: Mail to the Above Address _____ Place in my School Mailbox _____