**PTA Check Request Form**
*West Salem Elementary*

1. Fill out your information completely:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |   | **Date:** |  |
| **Email:** |   | **Phone #:** |   |

1. Choose one of the following types of checks:

|  |  |
| --- | --- |
| [ ]  **Reimbursement Check made out to:** |   |
| [ ]  **Vendor Check made out to:** |   |

1. How would you like to receive your check?

|  |  |
| --- | --- |
| [ ]  **Child’s Red Folder 🡪** Child Name/Grade/Teacher  |   |
| [ ]  **U.S. Mail** 🡪 Address/City/State/Zip  |   |
| [ ]  **Staff Mailbox 🡪** Grade Level or Department  |   |

1. List and attach all receipts separately and choose the appropriate Budget Account line item. **Per our by-laws, a check cannot be issued to you until you have sent in all of your receipts with this form.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Budget Account*** | ***Where did you purchase?*** | ***What did you purchase?*** | ***Amount*** |
|   |   |   | $  |
|   |   |   | $  |
|   |   |   | $  |
|   |   |   | $  |
|   |   |   | $  |
| ***Total*** | **$**  |

1. Save this form and email to **jessicalodonnell@gmail.com** or drop it off in the PTA box in the WSES resource room. If something is urgent and needs to be paid immediately, please email me. **All receipts must be attached, and the form filled out completely, or it will be returned to you.**

**Additional notes for Treasurer:**

***For Treasurer’s Use:***

Date Paid:\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_ Check #:\_\_\_\_\_\_\_ Recorded: \_\_\_\_\_\_ Approved By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_