Apollo Elementary PTA
Check Request Form

Please attach a receipt or invoice to this form. This will enable the PTA to keep complete records of the amounts spent from our approved budget. All forms must have your signature and the signature of either the VP in charge of your committee or the PTA President. Teachers please put your reimbursement form in the PTA President's box for approval.

Date Submitted: _____

Name: _____

Phone Number: _____ Email Address: _____

Make Check Payable To: _____

Where would you like the check to be sent?

Book Bag _____ Child's Name/Grade/Teacher _____

Mailed to Home: Address to send check: _____

_____

Itemization or explanation of how money was spent: _____

_____

Committee /Budget: _____ Total Amount of

Check/Reimbursement: _____ Approval by VP/President:

_____

PLEASE ATTACH RECEIPTS TO BACK OF THIS FORM

Please contact treasurer@apollopta.org with any questions.

(Treasurer use below this line)

Budget Category_____ Check #_____ Check Date _____

Amount _____ Misc. Notes _____