

Hage Elementary School PTA

Teacher Classroom Check Request

2013-2014

Date Requested: _____

Phone: _____

Name: _____

Email: _____

Room Number: _____

Number of Students on 10/01/13 _____

X 8.00

Amount of Check: \$ _____

Project: Classroom Needs

Remarks:

Your check will be placed in your box in the office.

President's Signature: _____

Date: _____

Secretary's Signature: _____

Date: _____

****REMINDER****

Please attach ALL receipts to this form.

I recommend that you make a copy just in case it is lost.

Receipts must reflect dates 7/1/13 and later.

All reimbursements requests should be completed by 5/1/14.

Turn in the check request to:

Joe Bayle / PTA Treasurer
Treasurer mail slot in the office

Phone: (858) 336-9112
email: joebwan613@yahoo.com

www.hagepta.com