

Hage Elementary School PTA

Teacher Classroom Check Request

2009-2010

Date Requested: _____ Phone: _____

Name: _____ Email: _____

Room Number: _____

Number of Students on 11/01/09 _____

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 7/1/09 and later.

All reimbursements requests should be completed by 5/1/10.

Turn in the check request to:

Juli Finney / PTA Treasurer
Treasurer mail slot in the office

Phone: (858) 663-9928
email: Juli.Finney@earthlink.net

www.hagepta.com