

**Groveland PTA
Check Request Form
(Request for Reimbursement Detail)**_____

This form accompanies your receipts and the Direct Pay Form for payment.

Date: _____

Name: _____

Address: _____

Phone: _____ E-mail: _____

Committee to deduct expenses from:

Brief details of expense:

Amount requested: _____

Would you like check in mail? _____ Left in PTA Closet? _____

PTA Use Only

Date Received: _____

Date Check Issued: _____

Requisition Number: _____ Amount from budget: _____

Date Recorded : _____ By: _____