

**2007-2008
TASHUA PTA
CHECK REQUEST FORM**

Send to: Martha Malloy, c/o School Office
Or c/o Meghan Malloy (Mrs Grunow, room 24)
Call 610-5337 or e-mail mmalloy@atlanticasset.com with any questions.

**Forms will be picked up from the office on Fridays.
Checks will be distributed/mailed on Mondays.**

Date: _____

Person Submitting Request: _____

Amount requested: \$ _____

Payable to: _____

Committee to be charged: _____

IMPORTANT: Attach original receipts (required for reimbursement of expenses). Keep a copy for your records. Describe expenses below if receipts do not detail items being purchased.

Reason for Expenditure: _____

Disbursement instructions (complete one):

Mail/deliver check to:

Send check through school via:

Child's name: _____
Teacher's Name: _____
Room No.: _____

For Treasurer's Use

Check # _____

Amount \$ _____

Date Paid _____