



26501 Barkley Rd.
 Conifer, CO 80433
 303-982-2975
 www.wjepta.org

Check Request Form

Date: _____ REIMBURSE CHECK REQUEST DONATION (to PTA)

Payable To: _____

Requested By (if different than payable to): _____

_____ Mail to this address: _____

_____ Send home with (child's name and teacher):

_____ Place in the following PTA folder:

Please provide the following details for this request. Note: Attach all original receipts and or logs, this is required for reimbursement.

Date	Committee/ Budget Item	Brief Description	Amount
		TOTAL	

APPROVED BY:

Chair: _____ Board Member: _____

Treasurer: _____ President: _____

REFUSED BY:

Chair / Board Member: _____

Reason: _____

FOR TREASURER'S USE ONLY:

Check # _____ Issue Date: _____