

Cotswold PTA – Check Request

Date _____

Check Amount: _____

Event/Reason for Check: _____

Budget Category (if known): _____

Requested by: _____

Telephone #: _____

Made payable to: _____

Delivery Options

Mail check directly to the address indicated on the invoice.

Send in care of my child: _____
Class: _____

Mail check to the following address: _____

Other: _____

Form Notes:
* Receipts or invoices must be attached for reimbursement.
* Check request must be approved by the PTA President.
* Please allow 5-7 school days for processing.

Approved by: _____
PTA President

Treasurer Only:

(check date)

(check number)