

Check Request / Reimbursement Form

Christ Classical Academy PTF

NAME:	PHONE:
PROJECT/CATEGORY:	
DATE SUBMITTED:	DATE NEEDED (Check Request):
REASON FOR CHECK/REIMBURSEMENT:	
<input type="checkbox"/> INCLUDED IN ANNUAL BUDGET OR <input type="checkbox"/> APPROVED AT MEETING (DATE: / /)	
CHECK PAYABLE TO (Payee):	AMT:
MAILING ADDRESS OF PAYEE: (Checks will be mailed.)	

***Receipt(s) totaling the amount of reimbursement must be attached**

Description	Vendor / Store	Amount
(Place this total in the box above) Grand Total		\$ -

APPROVED BY:	DATE:
APPROVED BY (PTF Officer):	DATE:

For Finance Use Only:
 Check#: _____ Logged: _____
 Date Mailed: _____ Date Received: _____