

St. Mary of the Lakes PTA  
Check Request Form

Fiscal Year 2018-2019

**Requestor's Information:**

**Request Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Reason for request:** \_\_\_\_\_

**Payment Due Date/Date Needed:** \_\_\_\_\_

**Payable To:** \_\_\_\_\_ **Check Amount:** \_\_\_\_\_

Please check one of the following and provide appropriate information:

Forward Check to:  Requestor  Payee

**Child's Name:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_

**Classroom:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_ **Zip:** \_\_\_\_\_

**Approval:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please Note:** All requests must include original or copy of all receipts and a Chairperson or PTA Executive Board Member Signature in order to be processed for payment. Please be advised that in order to ensure compliance with diocesan guidelines, we ask that all requests for reimbursement be submitted immediately after the event and that all checks payable to individuals are cashed as soon as possible.

Please send your completed form and all necessary documentation to:  
SML School Main Office  
Attention: PTA Treasurer

Note: All Check Request Forms will be processed within two weeks. If you have any questions, please contact Suzanne Ross, PTA Treasurer, at [sueross26@gmail.com](mailto:sueross26@gmail.com).

**Check Issue Date:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Check Amount:** \_\_\_\_\_