

MAPLE GROVE PTA

2016-2017 CHECK REQUEST FORM

Please complete and submit this form, with your receipts attached, to the PTA BOX in the front office. If you have any questions please contact Jessica Johnson at (303-589-2566) or jessicajohnson@gmail.com.

DATE: _____ AMOUNT REQUESTED \$ _____

YOUR NAME: _____ ATTACHED RECEIPTS? Y N

EVENT/CATEGORY: _____

ITEMS FOR WHICH YOU ARE REQUESTING FUNDS: _____

I would like a check:

_____ Sent home with my child (name, grade, and teacher) _____

_____ Left in the PTA box in the office

_____ Mailed to me at the following address:

THANK YOU FOR YOUR SUPPORT!

DATE PAID: _____ CHECK # _____ DATE INPUT: _____