

NewCastle Elementary PTSA

Parent Teacher Student Association

2015-2016: Healthy Kids, Healthy Community



GRADE LEVEL ALLOTMENTS -- CHECK REQUEST FORM

***Please note:** This form should only be completed and submitted to PTSA for food purchases or if Donna has let you know that you have already used the initial amount we gifted to the school for you.

****Please attach receipts with expenses clearly marked OR attach invoice from vendor****

CHECK REQUEST:

Requested by: _____ Phone: _____

Date of request: _____ Date check needed: _____

Amount of check: _____

Issue check to: _____

Purpose of Funds: _____

Please have ALL teachers in the grade level sign below:

Signature: _____ Signature: _____

Signature: _____ Signature: _____

Signature: _____

APPROVAL:

Signature of Staff Member Submitting Form: _____

Executive Committee Member: _____

DELIVERY:

Teacher Mailbox

Regular Mail (Mailing Address)

TREASURER'S USE

Check Number: _____ Check Amount: _____

Check Date: _____ Delivery Date: _____

Account Information: _____

Remaining Amount: _____