



STAFF & GRADE LEVEL ALLOTMENTS/FUNDING REQUESTS CHECK REQUEST FORM

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

CHECK REQUEST:

Requested by: _____ Phone: _____

Date of request: _____ Check One: Staff Allotment*

Date check needed: _____ Grade Level Allotment*

Amount of check: _____ Funding Request**

Issue check to: _____ Other _____

Purpose of Funds: _____

If this is a request for an entire grade level, please have ALL teachers in that grade level sign below:

Signature: _____ Signature: _____

Signature: _____ Signature: _____

*Staff and Grade Level Allotments are made at the beginning of each school year allocating specific amounts to each person on staff and a specific amount for each grade level.
**Funding Requests are for the current school year and have been approved by the PTSA membership.

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: _____