

Parent Council Check Request

Date: _____

Requested by: _____

Phone Number: _____

For expense(s) related to:

- | | | |
|--|---|---|
| <input type="checkbox"/> Auction Party | <input type="checkbox"/> Sally Foster/Entertainment Books | <input type="checkbox"/> Teacher Appreciation Luncheon (Fall) |
| <input type="checkbox"/> Back to School BBQ | <input type="checkbox"/> Middle School Dance | <input type="checkbox"/> Teacher Appreciation Week (Spring) |
| <input type="checkbox"/> Book Fair (Fall) | <input type="checkbox"/> Middle School Lecture Series | <input type="checkbox"/> Trade Fair |
| <input type="checkbox"/> Classroom Account – LIST TEACHER: _____ | <input type="checkbox"/> Original Art Works | <input type="checkbox"/> Uniform Exchange |
| <input type="checkbox"/> Get Connected | <input type="checkbox"/> New Parent Liaison | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grandparents/Special Friends Day | <input type="checkbox"/> Scholastic Book Fair (Spring) | |

<u>Itemized List of Expenses</u>	<u>Amount (\$)</u>

- **PLEASE ATTACH ALL RECEIPTS**
- **SIGNATURE OF COMMITTEE CHAIR: _____**

Make Check Payable to: _____

Address: _____

- Mail Check to Above Address
- Leave Check in the Parent Council Office for Pick-Up

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Date Paid: _____ **Check #:** _____ **Amnt Pd:** _____