



**PTG
REIMBURSEMENT/
CHECK REQUEST
FORM**

NAME

EVENT NAME

EVENT DATE

\$ AMOUNT

DESCRIPTION

PLEASE REIMBURSE

Attach receipt(s). Check will be sent to your child's classroom.

CHILD'S NAME

TEACHER

PLEASE ISSUE A CHECK

Attach invoice. Check will be mailed directly to the Vendor, unless otherwise noted.

COMMENTS

SIGNATURE

DATE

VERIFICATION SIGNATURE

(office use only)

DATE

Send completed forms to the PTG Treasurer, c/o the office.

Questions? Contact hfrsptgtreas@gmail.com

