



**BANCROFT PFC
CHECK REQUEST**

\$ _____ Amount

TO: **PFC Treasurer** (place in Treasurer's envelope in school office)

DATE: _____

FROM: _____ PHONE: _____

***REQUIRED* NAME OF BUDGET LINE:** _____

(Please submit one form for each budget line – multiple lines submitted on one reimbursement form will be returned)

DESCRIPTION	AMOUNT
TOTAL:	

PLEASE TAPE RECEIPTS TO BACK AND CIRCLE TOTALS TO BE PAID. TAPE RECEIPTS TO ATTACH ADDITIONAL 8.5 x 11 PAPER IF NECESSARY AND ATTATCH TO FORM.

Make check payable to: _____

Address: _____

*(required if you want
the check mailed)*

For teachers only

Room #: _____

Grade: _____

Submitted by: _____
 (Signature)

Approved by: _____
 (Chairperson's Signature)