

DeLaveaga Parent Teacher Club Check Request

**** PLEASE NOTE: THIS FORM MUST BE ACCOMPANIED BY A RECEIPT(S) IN ORDER FOR THE REQUEST TO BE PROCESSED**

Date: _____ Amount of payment: _____

Pay to the order of: _____

Requested by: _____

Phone: _____

Email: _____

Deliver Payment Via: Teacher Inbox PTC Inbox
 Mail to: Name _____
Address _____
City/State/Zip _____

Please allocate funds to the appropriate expense category:

Arts Committee _____	Carnival: Auction _____
DAPAC/ELAC _____	Carnival: Food _____
Dragon Mdse. _____	Carnival: Games _____
Library _____	Carnival: Raffle _____
Student enrichment _____	Carnival: Prizes _____
Teacher Appreciation _____	Drive for Schools _____
Teacher Supplies _____	Pledge Drive _____
Yearbook _____	Walkathon _____

Other Expense (please explain):

<i>To be completed by the PTC:</i>	
Check No: _____	Receipts Attached: _____
Check Date: _____	
Approved By: _____	
(PTC Officer)	(PTC Officer)