

PSG Check Request

Please complete the following:

Date Submitted: _____
Submitted by: _____
Phone Number: _____

Board Approval: Committee Members must receive prior approval for expenditures from a Committee Chair. The Committee Chair must operate within the committee's budget, which was obtained from the Board. This form must be signed by a Board Member (below) before it can be submitted.

Board Member: _____
Committee: _____
Budget Line Item: _____
(Category, such as, Enrichment, Aides, Teacher Allotment, Health and Safety, etc.)
Describe Request: _____

Board Signature:

Check Information:

Payable to: _____ Amount: _____
Mail/Return to: _____
Address: _____

How would you like the check delivered? Please indicate:

- leave in designated Parent Center cubby: _____
- pick up from Cecilia in Kenter front office
- mail to address indicated above
- arrange with treasurer via email

Procedure:

CHECK REQUESTS SUBMITTED WITHOUT ORIGINAL RECEIPT(S) AND BOARD SIGNATURES WILL NOT BE PROCESSED.

1. Complete form and attach receipt(s) and other documentation.
2. Place in "Treasurers" cubby in the parent center of the Kenter main office.
3. Requests are picked-up weekly, on Monday mornings at 8:00 am.
4. Reimbursement will be delivered within 1-2 weeks.

PSG Use Only: Date Paid: _____ Check #: _____ Amount: \$ _____