BERKSHIRE MIDDLE SCHOOL PTA
Check Request Form

Date: _____

Committee/Event: _____

Submitted By:
Name _____
Phone Number _____
Email Address _____

Please attach all receipts or bills to be reimbursed.

Date	Description of Expenses	Amount
	Total Request	

Name and address to whom check should be made out to:

_____

_____

_____

_____

Check Handling:

	Mail to address provided.
	Pick up at the school office.

Approved by: _____

For Treasurer Use Only

Date Paid _____ Check No. _____