

Rogers-Herr PTA Check Request Form



Please complete the form below and staple all **ORIGINAL** receipts to the page.
Completed forms should be placed in the PTA mail box **BY October 31, 2015.**

Name: _____ Date: _____

Title: _____

Team/Organization/Club: _____

Address: _____

Phone Number: _____

Email: _____

Amount Requested: \$ _____

Reason for Request: _____

Describe How These Funds Were or Will be Used to Enhance the Learning Experience of a Student(s) at RHMS.

Office Use

Check Number _____ Amount _____

Category/Comments: _____