

Arrowhead Primary School PTA 1600 Raleigh Boulevard Copley, OH 44321 Date: _____	<h2 style="margin: 0;">Check Request Form</h2>	
SUBMIT CHECK TO (Insert Name & Address): _____ _____ _____	SEND REIMBURSEMENT CHECK: <input type="checkbox"/> To Address Listed to the Left <input type="checkbox"/> Through Backpack Mail Child's Name: _____ Teacher Name: _____	
COMMITTEE NAME: _____ BUDGET LINE ITEM: _____ _____ Committee Chairperson's Name (Print) _____ Committee Chairperson's Signature Date _____	PURPOSE OF EXPENSES: <div style="height: 150px; border: 1px solid black;"></div>	

ITEM	AMOUNT
Total	

Please obtain the committee chairperson's signature for approval of expenses.

Send this form and receipts to Kristin Dodson c/o Samantha, Mrs. Hicks Room 404

Please note that we can't reimburse for sales tax. Please inquire about the sales tax exemption form prior to purchasing.

Please email treasurer@arrowheadpta.org or call Kristin at 330-416-6404.

Thank you!

<i>For Treasurer Use Only</i>	Check #: _____	QBE: _____	CD: _____	2021-2022
-------------------------------	----------------	------------	-----------	-----------