



DOMINION ACADEMY PTF
CHECK REQUEST
AND
REIMBURSEMENT FORM

DATE OF REQUEST: _____

NAME: _____

DESCRIPTION OF ACTIVITY: _____

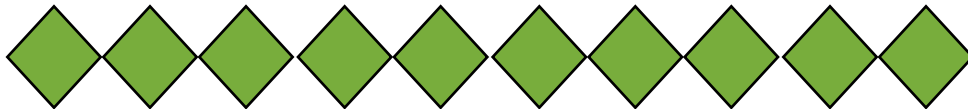
CHECK PAYABLE TO: _____ AMOUNT: \$ _____

SIGNATURE: _____

RECEIPTS MUST BE ATTACHED

Delivery method:	_____ US Mail	Address: _____

	_____ Child's Folder	(Teacher's Name: _____)
	_____ Other	Instructions: _____



Treasurer's Use Only	
Date Rec'd: _____	
Check Date: _____	Check Number: _____
Expense Line: _____	
Date of Delivery: _____	Delivery Method: _____