



Date: _____

Submitted By: _____

Please attach all **original** receipts/back-up documentation to the back of this form. Payments will not be made without the proper documentation and authorization. Please allow turnaround time for your request. Completed checks will be available after Noon on Fridays.

Teachers/Staff - All check requests MUST be approved by your supervisor (see below) prior to submitting.

Parents - All classroom and fundraising check requests MUST be approved by the PTO President and school administration prior to submitting.

Person requesting check: _____

Date: _____

Check Payable to:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Date Check Needed: _____

Amount of Payment: \$ _____

Reason for Payment: _____

Please Return check to: _____

Please Mail Check to: _____

Supervisor Approval _____ (Teachers/Staff Only)

PTO President Approval: _____ (Parents)

Principal Approval: _____ Date: _____

FOR OFFICE USE ONLY

Account Number _____ Amount \$ _____ Notes: _____

Account Number _____ Amount \$ _____ Notes: _____

Account Number _____ Amount \$ _____ Notes: _____

Account Number _____ Amount \$ _____ Notes: _____

Total Amount \$ _____

Reimbursement issued: Check Number 2016 Mer Vista Drive Date Newport Beach, California 92660 Notes _____

Phone: 949.644.1166 Fax: 949.644.6213

www.olqaschool.org