

## Parent CORPS Check Request Form

Date Submitted: \_\_\_\_\_

Event or Committee Name: \_\_\_\_\_

Requested By (Please Print): \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Address (if mailed): \_\_\_\_\_

c/o Grade/Room #: \_\_\_\_\_

***Expense description of the following receipts which are attached:***

Date	Place of Purchase	Items Purchased	Amount
Total of Requested Reimbursement:			

Note: All receipts must be attached to this form. If extra check request forms are needed, they can be obtained from the Treasurer, Assistant Treasurer, or the school office.

Approved by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
(Committee Chairperson) (President)

If more than \$500, approved by majority vote of regular business meeting attendees. Approval documented in minutes dated \_\_\_\_\_

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Treasurer Use Only:

Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Budget Charged: \_\_\_\_\_

**RETURN FORM TO:** Tom Ludwick, Treasurer (tomludwick04@gmail.com)