



SAUGATUCK ELEMENTARY SCHOOL

Saugatuck Elementary School PTA  
170 Riverside Avenue, Westport, CT 06880

SES PTA CHECK REQUEST FORM for REIMBURSEMENTS

Please complete the form below, staple receipt(s) and contact the Co-Treasurers (George Luna ([gluna821@gmail.com](mailto:gluna821@gmail.com)) or Nick Logan ([nicolas.logan@gmail.com](mailto:nicolas.logan@gmail.com)) to arrange timely delivery of the Reimbursement.

Please draw a check in the amount of \$\_\_\_\_\_ payable to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event/Activity or Classroom: \_\_\_\_\_

Purpose for which check is drawn (include items purchased, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Date of Request: \_\_\_\_\_ Receipt attached? YES NO

Signature: \_\_\_\_\_

Approved By: \_\_\_\_\_

(only if amount exceeds original budget amount needing Exec Board approval)

Date Paid by Treasurer: \_\_\_\_\_ Check #: \_\_\_\_\_



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Please list receipts individually:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

TOTAL \$ \_\_\_\_\_