



Parent Teacher Fellowship

Check Request Form

Make payable to:

(Name) Submitted by, if different than payee)

Address)

(City, State, Zip) (Home Phone)

(Email Address) (Cell Phone)

Room Mom Request

Grade _____ Party/Event _____ Teacher _____

Amount _____ Should this amount be split between all classes in the grade? Yes No
(Please Circle)

Approvals: _____ Room Mom _____ (GLC) _____ (Treasurer)

General PTF Request

Amount _____ Event _____

General Description _____

Approval: _____ (Appropriate VP) _____ (Treasurer)

Instructions

1. Please write legibly.
2. Please complete all fields pertaining to your request.
3. Please staple all receipts to form.
4. Please attach a self-addressed, stamped envelope.
5. Please forward to appropriate PTF officer for approval and signature.
6. Please allow 2 to 4 weeks for processing.

Internal Use Only

$$\frac{\text{_____}}{\text{Total Amount}} \div \frac{\text{_____}}{\text{\# Students Per Grade}} = \frac{\text{_____}}{\text{Amount Per Student}}$$

$$\frac{\text{_____}}{\text{Amount Per Student}} \times \frac{\text{_____}}{\text{\# Students Per Class}} = \frac{\text{_____}}{\text{Total Amount Per Class}}$$

_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
_____	X	_____	=	_____
			Total =	_____