



Parents and Teachers of Bartlett  
**Check Request Form**

Date:

Event/Fund to be Charged:

Your Name:

Email Address:

Phone #:

Description of Expense: *(All receipts/invoices must be attached for check to be processed)*

\* Check Payable To:

Amount:

**Parent Volunteers** (Check will be given to child specified below unless you note otherwise)

Child's Name:

Teacher's Name:

Committee Head or Board Approval: \_\_\_\_\_

**Teachers**

Principal or Board Approval: \_\_\_\_\_

\* As a general rule, please allow 2 weeks for processing of a reimbursement. If the request is more time critical, contact the Treasurer as listed below.

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Please contact Treasurer, Dawn Curran or Kristin Mehl, with any questions at  
bartlettelempTB@gmail.com