

**PTSA**

PTSA Teacher Stipend Request Form

Please complete this check request for the Teacher Stipend reimbursement if you are a teacher who has joined the PTSA during the 2019-2020 school year. Supporting receipts/invoices MUST be attached to this form. All stipend requests must be received no later than April 1st.

**Note**: Teachers will receive a maximum stipend of $50. Teacher must become a PTSA member by September 30, 2019 to be eligible.

Contact our treasurer at treasurer@jchsptsa.com with any questions. Please put all completed check requests in the Treasurer’s mail box in the MAIN OFFICE of the school.

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| --- | --- |
| **Requested By:**  | **Date:** |
| **Description of Expense:**Supplies for the 2019-2020 Academic Year | **Amount of Check:** |

\*\* The check will be left in your mailbox when completed.

Signature of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



***PTSA Use Only***

**VP Approval**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PTSA President Approval**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verified PTSA Member**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Treasurers Use Only***

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| --- | --- |
| **Check Number:** |  |
| **Date Issued:** |  |
| **Treasurer’s Signature:** |  |
| **Budget Category:** | Membership / Teacher Stipend |
| **Comments:** |  |