## **Diamond Elementary School**

4 Marquis Drive, Gaithersburg, MD 20878

(240) 740-2120



## Check Request Form 2020-2021

Date -	
To: PTA Tre	easurer – Jennifer Gribskov Panackal Please issue a check to:
	Name:
	Address:
	Telephone:
	Email:
	Amount:
•	in payment of (please explain and attach <u>original</u> receipts)
If chec	k is for a PTA event, <u>please</u> indicate <b>event, day, date</b> :
	Return check via student: Student Name:
	Homeroom teacher:
	Mail check to above address.
	Leave check in PTA or school mailbox.
If check is n needed, a \$3	not cashed after 6 months the check will be voided. If check is lost and a replacement is 35.00 stop payment fee will be deducted from original check amount.
Requested by:	Signature
(Chairperson's	Name-Please Print)
******	******************************
Check No.	Issue Date
Budget Catego	ry