SHEAFE ROAD ELEMENTARY PTA

REQUEST FOR REPLACEMENT OF LOST CHECK

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK # \_\_\_\_\_\_\_\_\_\_\_\_ ISSUED TO ME ON (date) \_\_\_\_\_\_\_\_\_\_\_ FOR ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS BEEN LOST OR IS MISSING. PLEASE ISSUE ME A REPLACEMENT CHECK.

* Should the original check be found, I agree to return it to the Sheafe Rd. PTA Treasurer
* Should the original check clear the bank, having been cashed through an oversight by myself, I agree to reimburse the Sheafe Rd. PTA for that dollar amount.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

NOTES: