



BEDFORD PTG CHECK REQUEST FORM

PLEASE MAIL COMPLETED FORM TO:

Leslie Froio, Treasurer
Bedford PTG

PLEASE ATTACH RECEIPTS!!!

P.O. Box 10077
Bedford, New Hampshire 03110

REQUESTOR INFORMATION:	
Name	
Address	
Email	
Phone Number	
DATE FORM COMPLETED	
AMOUNT REQUESTED	\$
PURPOSE:	<input type="checkbox"/> Sponsored Meetings – Principal Mtgs, State of District
<input type="checkbox"/> Scholastic Book Fair	<input type="checkbox"/> Volunteer Orientation Event
<input type="checkbox"/> Gift Wrap & More Fundraiser	<input type="checkbox"/> Principals’ Winter Reading Night
<input type="checkbox"/> Ski & Skate Fundraiser	<input type="checkbox"/> Alive @ 25
<input type="checkbox"/> Barnes & Noble Days Fundraiser	<input type="checkbox"/> Farmer’s Market Halloween
<input type="checkbox"/> Gift Cards Fundraiser	<input type="checkbox"/> New Family Coffee
<input type="checkbox"/> Sports Outings Fundraiser	<input type="checkbox"/> Volunteer Appreciation Event
<input type="checkbox"/> Membership	<input type="checkbox"/> Grandparents’/Senior Citizens’ Day
<input type="checkbox"/> Artist In Residence	<input type="checkbox"/> Staff Appreciation – Welcome Back Breakfast
<input type="checkbox"/> Bus Tags	<input type="checkbox"/> Staff Appreciation – Teacher Appreciation Lunch
<input type="checkbox"/> Gifts (funeral/retirement)	<input type="checkbox"/> Staff Appreciation – Nurses Day
<input type="checkbox"/> It’s a G.A.S.	<input type="checkbox"/> Staff Appreciation – Administrative Professionals Day
<input type="checkbox"/> Math Superstars	<input type="checkbox"/> Stand By Me
<input type="checkbox"/> Office Supplies	<input type="checkbox"/> ORK
Other (please describe):	
School Applies To (check all that apply):	
<input type="checkbox"/> Memorial	<input type="checkbox"/> McKelvie
<input type="checkbox"/> Peter Woodbury	<input type="checkbox"/> Lurgio
<input type="checkbox"/> Riddle Brook	<input type="checkbox"/> Bedford High School
<input type="checkbox"/> District wide -- All schools	

BELOW TO BE COMPLETD BY TREASURER:

Approved By: _____

Date: _____

Check Number: _____

Date: _____