



**Association of Placentia-Linda Educators
Check Requisition Form**

Date: _____ Amount: \$ _____

Payable to: _____

Address: _____

Distribution:

Pickup

District Mail

Mail

Deadline: _____ Budget Code: _____

Check Notation: _____

Authorization Signature:

Treasurer: _____ Date: _____

Please note: Reimbursement must be submitted no later than June of fiscal year end or it not be reimbursed.