

GAYHEAD ELEMENTARY SCHOOL PTA REQUEST FOR REPLACEMENT OF LOST CHECK

Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____ 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 Gayhead PTA Treasurer.
- Should the original check clear the bank, having been cashed through an oversight by myself, I agree to reimburse the Gayhead PTA for that dollar amount.

Signature: _____

NOTES: