

Please keep a copy of your receipts for your own records and attach the original receipt to this form.

| | | | |
|------|--------|------|--|
| | \$ | | |
| Date | Amount | From | Payable To (Only one check per person/company) |

Request Type: check one

Mailing Address and Phone number Required

Attach all: receipts, invoices, order forms, or explain

Reimbursement Advance payment
 Goods or Services Other: (explain below)

Name/Company _____
 () _____
 Area Code Phone number

Street _____

City _____ State _____ Zip Code _____

Request Category

List amounts next to the approved budgeted expenses below. Itemized amounts must = check request total.

| Expenses for: Fundraisers | Expenses for: Programs (Continued): |
|---|-------------------------------------|
| Annual Giving Campaign - Individual \$ | Music \$ |
| Annual Giving Campaign - Corporate \$ | New Family Event \$ |
| Other \$ | Fun Run \$ |
| Book Fair \$ | Parent Tours \$ |
| Carnival \$ | PTA Speaker Series \$ |
| Membership Dues Collected/Paid to District \$ | Reflections \$ |
| Parking Fundraiser \$ | Singalong \$ |
| Raffle \$ | Staff Appreciation \$ |
| School Play/Musical \$ | Star Test Snacks/Other: \$ |
| Smart Money: Restaurant, eScrip, Other (Pls List): \$ | Stop, Drop & Go \$ |
| Spell-A-Thon \$ | Teacher Professional Development \$ |
| Spiritwear \$ | Test Prep Materials \$ |
| Yearbook \$ | Third Grade Handwriting books \$ |
| Expenses for: Programs: | Expenses for: Administration: |
| Art in Action \$ | Bank Charges \$ |
| Artist in Residence \$ | Computer & Software \$ |
| Classroom Technology \$ | Copier Monthly Maintenance \$ |
| Computers/Physical Education Consultant \$ | Copying (outside) \$ |
| Assemblies \$ | District PTA Dinner \$ |
| Classroom Technology \$ | Hospitality \$ |
| Computers/Physical Education Consultant \$ | Insurance \$ |
| Field Day \$ | PayPal \$ |
| Gardening - School Grounds \$ | Postage \$ |
| Halloween \$ | PTA Supplies \$ |
| Houghton Mifflin Mathsteps Workbooks \$ | PTAEZ Subscription \$ |

Approved for Payment (President & Treasurer, or 2 Officers must sign):

PTA President/Officer _____ Date _____ Check # _____ Check Date _____

PTA Treasurer/Officer _____ Date _____ Recorded by _____