## **NON-TEACHERS**

## Check Request

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

	\$					
Date	Amount	Amount From		Payable To (Only one check per person/company)		
	Request Type: check one			Mailing Address and Phone number Required		
Attach c	all: receipts, invoices,	order forms, or	explain			
Reimbursement Advance p			ayment			
Goods or Services Other: (exp		ain below)	Name/Company			
<del></del>				( )		
				Area Code Phone number		
				-		
				Street		
				-		
				City	7in Carla	
			Poguest	City State	Zip Code	
	List amounts next	to the approved bu		Category es below. Itemized amounts must = check request total.		
Expenses for:	Fundraisers/Commun		agerea expense	Expenses for: Programs		
Annual Giving Campaign - Individual			\$	Artist in Residence	\$	
	Annual Giving Campaign - Corporate		\$	Classroom Technology	\$	
Book Fair			\$	Assemblies	\$	
Carnival		\$	Field Day	\$		
Membership Dues Collected/Paid to District		\$	Gardening - School Grounds	\$		
Raffle		\$	Halloween	\$		
School Play/Musical		\$	Houghton Mifflin Mathsteps Workbooks	\$		
Smart Money: Restaurant, eScrip, Other (Pls List):		\$	Music	\$		
Read-A-Thon		\$	New Family Event	\$		
Spirit Wear		\$	Fun Run	\$		
Yearbook Yearbook		\$	Parent Tours	\$		
Community Event (describe above)		\$	PTA Speaker Series	\$		
Other (describe above)		\$	Reflections	\$		
				Staff Appreciation	\$	
				SBAC Test Snacks/Other:	\$	
Expenses for:	PTA Administration			Stop, Drop & Go	\$	
Bank Charges		\$	Teacher Professional Development	\$		
Computer & Software		\$	Test Prep Materials	\$		
Copier Monthly Maintenance		\$	Third Grade Handwriting books	\$		
Copying (outside)		\$	Child Care (PTA Meetings)	\$		
District PTA Dinner		\$	Other (describe above)	\$		
Hospitality			\$			
Insurance			\$			
PayPal			\$			
Postage			\$	_		
PTA Supplies		\$				
PTAEZ Subscription		\$				
Other (describe above) \$		\$				
				Approved for Payment (President& Treassurer, or 2	Officers must sign):	
DTA Decide	IOH: a a r		Deite	Check # Check Do	nte	
PTA President	/Onicer		Date	Check # Check Do		
PTA Treasurer/	Officer		Date	Recorded by		