

2017-18 PTA FUNDS REQUEST FORM

Checks | Expense Reimbursement | Cash Boxes

DIRECTIONS: Include original receipt (or scanned original receipt)/order form/invoice and staple it to the back of this form.

PTA Volunteers – You **MUST** obtain your VP’s signature below, then place signed form in the PTA Treasurer’s box. Checks will **NOT** be written without a VP signature, no exceptions.

Brooks Staff – No signature required; please place your form in the PTA Treasurer’s box for approval.

Check one of the following:

- Check Request**

 Expense Reimbursement Request

 Cash Box Request

DATE: _____ NAME OF REQUESTER: _____

NAME ON CHECK (IF DIFFERENT THAN REQUESTER): _____

_____ PLACE CHECK IN MY PTA/STAFF MAILBOX **– OR –**

_____ SEND CHECK TO THIS ADDRESS: _____

AMOUNT REQUESTED \$ _____

Receipt: Store Name (only if multiple)	Amount Before Sales Tax	Amount of Sales Tax	Total (includes sales tax)

REASON FOR REQUEST: _____

BUDGET CATEGORY TO BE CHARGED: _____

VICE PRESIDENT’S SIGNATURE: (required before checks will be written) _____

FOR TREASURER’S USE:

Treasurer: _____

President: _____