CHECK REQUEST/EXPENDITURES FORM

PTA/PTSA _____

Fiscal Year: July 1, 20____to June 30, 20____

Date Submitted _____

Check Payable to: _____

Street Address: _____

City, State, Zip _____

Email address: _____

Phone Number _____

For Office use only

Check # _____

Date of Check _____

Pretax Amount _____

Sales Tax _____

Total _____

Budget Category	Description	Pretax Amount	Sales Tax	Total
	Total	$	$	$

Submitted by _____
signature

President Approval _____
signature

Treasurer Approval _____
signature

Principal Acknowlegement _____
signature

ATTACH RECEIPTS HERE