

# CHECK REQUEST/EXPENDITURES FORM

PTA/PTSA

**Fiscal Year: July 1, 20\_\_\_\_\_ to June 30, 20\_\_\_\_\_**

*For Office use only*

Check # \_\_\_\_\_

Pretax Amount \_\_\_\_\_

Sales Tax \_\_\_\_\_

Total \_\_\_\_\_

Date Submitted \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Budget Category	Description	Pretax Amount	Sales Tax	Total
<b>Total</b>		\$ _____	\$ _____	\$ _____

Submitted by \_\_\_\_\_  
*signature*

President Approval: \_\_\_\_\_  
*signature*

Treasurer Approval \_\_\_\_\_  
*signature*

**ATTACH RECEIPTS HERE**

Principal Acknowledgement: \_\_\_\_\_  
*signature*