

PTA Funds Request

Name of PTA _____ Date _____

PAYEE SUMMARY

Payable To _____ Date Needed _____
Address _____ Phone _____
Requestor _____ Invoice _____
Accounts to be Charged _____

If the invoice requires expenses to multiple PTA accounts, please identify each account and corresponding expense.

PURCHASE SUMMARY

Item Purchased	Place of Purchase	Amount

Receipts should be attached and a sales tax exemption form should have been used whenever feasible.

TREASURER NOTES

Invoice Date	Date Received	Plan of Work / Motion	Date Approved	Date Paid	Payment Method	Total Payment

APPROVALS

	Name	Signature
Committee Chair	_____	_____
Treasurer	_____	_____
President	_____	_____