

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 _____