

**REQUEST FOR PTA FUNDS**

**Instructions:**

IMPORTANT: Purchasing authority is limited to certain positions/activities/events. If you are not in one of those

positions/leading an event or activity, etc., please ask before purchasing.)

Fill out separate line for each purchase and type of expense.

Total all purchases and enter amount on Total line.

Staple receipts to form. Put in PTA mailbox at school.

Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event/Expenditure: \_\_\_\_\_\_\_\_\_\_\_\_\_

Person submitting this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Date of Purchase** | **Budget Category** | **Description** | **Amount** |
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TOTAL REQUESTED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT TYPE:** (please check one)

\_\_\_ Direct Payment to Vendor (attach bill/invoice with address clearly shown)

\_\_\_ Personal Reimbursement (attach all original receipts)

Check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUDGET STATUS:** (please check one)

\_\_\_ Within proposed budget

\_\_\_ Not within proposed budget; voted upon at PTA meeting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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**METHOD OF DELIVERY**: (please check one) Please forward the reimbursement check in the following manner:

\_\_\_ Mail reimbursement to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Pick-up reimbursement from mailroom

\_\_\_ Backpack mail (please provide child’s name and teacher’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the recipient of payment is not a corporation and will receive from the PTA $600 or more during the calendar year for services rendered or in payment of a grant, award or scholarship please include Employer Identification number (or Social Security number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*