

## **Elementary**Expense Report/Check Request

(Request for Budgeted Funds)

Date:		
	Signature:	
	Email:	
Make Check Payab	e to:	
Program (Events/Co	nmittees) or Project (Non-Events/Dept.):	
	(Budget Line Item to be charged)	
and \$1800 (\$100 ea.) REQUIRE Principa	SECTION: PTA has budgeted \$6375 (\$375 ea.) for 17 Teachers (K-5 <sup>th</sup> ) for other Teachers/Staff/Dept. (See Budget posted in workroom.) These funds Signature. (Turn this completed form into Principal and Principal will turn in to PTA.)	
Principal Signature	Date:	
	I receipts/invoices. REQUIRED. (Taped on the back near the left margin is idea (Amount)	
	TOTAL	
Please Choose On		
☐ Mail check to:	Name:	
	Address: City/State/Zip:	
(If different than above	Phone: Email:	
☐ I will pick up at	school. Specify Location: Folder, Teacher/Staff Mailbox, Front Desk, etc.)	
☐ Send home with	student.	
Student Name:	Grade/Teacher:	
	Questions? Contact PTA Treasurer  com Website: sacpta.yolasite.com Facebook: www.facebook.com/Sacajawea.Elementary.PTA  ***********************************	
FOR	PTA TREASURER USE ONLY: Date Form Received	
Check	Check Amount: Date Issued:	
☐ Approved - Budget Category Applied:		
	☐ Denied – Reason: ☐ Logged into Quicken Ledger	