

Croft Community School
PTA Check Request Form

(Please use a separate form for each program)

Date: _____
 Name: _____
 Address: _____
 Phone: _____
 Email (optional): _____

Funding Request For: _____
Program Name

Vendor Name	Purpose of Expenditure	Estimated Amount

Total # of Checks Requested: _____ Approved Budget Item? _____

(Check One) Mail to Me _____ Will Pick Up _____ Send Home with my Child _____
 Child's Name _____
 Teacher's Name _____

*** ORIGINAL RECEIPTS MUST BE SUBMITTED WITHIN 7 BUSINESS DAYS ***
 (Photocopies of receipts returned by request only)

- * Payment will only be made if funds for this program are available.
- * Only authorized check signers can use this form.

Treasurer Use Only

Receipts Received _____

Issued	Issued	Issued	Total
Check # _____	Check # _____	Check # _____	Spent _____

Budget Line (if different than above) _____

Notes _____

Secretary's Initials _____ President's Initials _____