

Rand Road Elementary PTA Check Request Form

*****Please attach receipts, invoices, order forms or other documentation for the entire amount requested. Do not include purchases for personal use or purchases from the previous fiscal year (July 1- June 30). Please clearly print all required information on the form. Incomplete forms will NOT be accepted.**

Request Summary:

Person Making Request: _____ Date: _____
Reason for Request Reimbursement Payment to Vendor (complete Section C)
Description of purchase/payment: _____
Amount Requested: \$ _____

Budget Category (check one)

Cost of Goods Sold – Fundraisers

- | | | |
|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Book Fair | <input type="checkbox"/> A-thon | <input type="checkbox"/> Spirit Wear |
| <input type="checkbox"/> Rand Road T-Shirts | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Square 1 Art |

Expenses

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> 5 th Grade Trip | <input type="checkbox"/> Staff/Bus Appreciation |
| <input type="checkbox"/> Campus Safety | <input type="checkbox"/> School Beautification | <input type="checkbox"/> Teacher of the Year |
| <input type="checkbox"/> Liability Insurance | <input type="checkbox"/> 5 th Grade Celebration | <input type="checkbox"/> Spring Carnival |
| <input type="checkbox"/> Cultural Arts | <input type="checkbox"/> Media Center | <input type="checkbox"/> Membership Dues |
| <input type="checkbox"/> Art Supplies | <input type="checkbox"/> Spelling Bee | <input type="checkbox"/> School Improvements |
| <input type="checkbox"/> Teaching Materials (up to \$100) | <input type="checkbox"/> Teacher Grants | <input type="checkbox"/> Family Event |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> PBIS Celebrations | <input type="checkbox"/> Other: _____ |

Vendor / Teacher / Volunteer Information:

Pay to the order of: _____

Date Check is Needed/Due: _____

If check is to be mailed or placed in mailbox by the PTA Treasurer, complete the following:

Check placed in mailbox Yes No Which Mailbox Teacher PTA Inbox

Individual and/or Company Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Approval

PTA President Signature
(Treasurer may approve requests made by the President)

Date

PTA Treasurer Use Only

Check #: _____ Check Date: _____

Entered into QuickBooks: Yes Date/Initials: _____