

Hilburn Drive Academy PTA Check Request

Date Submitted: _____

PTA Check # _____

Submitted by: _____

Amount \$ _____

Budget Category to be charged : _____

Make Check Payable to: _____

Address (if mailing): _____

Original receipts / Invoices must accompany this request.

Receipt Date	Store / Vendor	Item Description	Food? Y/N	For Resale?	Amount (w/out tax)	Sales Tax

Total Amount (without tax) \$ _____

Total Sales Tax \$ _____

Total Requested \$ _____

NOTE: All transactions must be approved prior to payment.

Board of Director's Signature _____ Date _____

Treasurer's Signature _____ Date _____

Attach original receipts to the back of this form. Return completed form with receipts to Treasurer's mailbox in the workroom. Keep a copy or photo for your records. Thank you.

Find this form at: <http://www.hilburnacademypta.com/docs.html>