

Hilburn Drive Academy PTA Check Request

Date Submitted: _____

Submitted by: _____

Treasurer Use Only

PTA Check # _____

Amount \$ _____

Budget Category to be charged: _____

Make Check Payable to: _____

Address (if mailing): _____

Original receipts / Invoices must accompany this request.

Receipt or Invoice Date	Invoice #	Store or Vendor	Item Description	Food? Y/N	For Resale? Y/N	Amount (w/o tax)	Sales Tax	Total
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$

NOTE: All transactions must be in line with the budget and approved prior to payment.

Totals:

\$	\$	\$
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Total Requested:

\$

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 the Treasurer's mailbox in the workroom. Keep a copy or photo for your records. Thank you.

Find this form to print at: <https://www.hilburnacademypta.com/docs.html>