

Hilburn Drive Academy PTA Check Request

Date Submitted: DATE PTA Check # _____

Submitted by: STAFF NAME Amount \$ _____

Budget Category to be charged : CLASSROOM FUND

Make Check Payable to: STAFF NAME

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
DATE OF PURCHASE	VENDOR	SUPPLIES/FURNITURE/ BOOKS/ (See attached original receipt/invoice)	N	N	\$AMOUNT	\$TAX

Total Amount (without tax) \$ TOTAL

Total Sales Tax \$ TAX

Total Requested \$ TOTAL W/ TAX

NOTE: All transactions must be approved prior to payment.

Board of Director's Signature PRESIDENT OR BOARD MEMBER Date _____

Treasurer's Signature TREASURER 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>