

FUNDS REQUEST FORM

Type of Request	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Purchase <input type="checkbox"/> Payment <input type="checkbox"/> Approved Expense		
Requestor's Name:			Date:
Make Check Payable To:			Amount: \$
Purpose:			
Requestor's Signature			
Approved Authority			Date:

Notes to individual(s)/person(s) submitting this Funds Request Forms, it is understood: (1) this request will be reimbursed in the amount allocated/approved and will not include any incurred tax(es), (2) original receipts must be submitted at the time of this request; otherwise, these funds will not be dispersed until receipts are provided, and all attached receipts become part of the Association's permanent financial records. (3) that expenditures made in excess of the allocated/approved operating budget may not be covered under Association's Financial Management Policy. It is recommended that approval for Purchase of Goods/Services be obtained in lieu of Reimbursement to avoid incurring excess charges/taxes, and other applicable fees to maximize the benefit of the PTA's Non-Profit tax-exemption status, under IRS Code 501(c)3.

FOR INTERNAL USE ONLY	
Check #:	Amount:
Date:	Budget Line:
Comments:	
Issuing Individual's Printed Name:	Signature: