

FNE PTA CHECK REQUEST / REIMBURSEMENT VOUCHER

Requestor Name	Request Date	Request Amount	Type
			Reimbursement Check Request ACH Request
Make Check Payable To:			
Purpose of Expenditure:			

Enter amount applied to each budget item:

- | | | |
|---|--|---|
| <input type="checkbox"/> 5th Grade Recognition | <input type="checkbox"/> Field Day | <input type="checkbox"/> Sales Tax |
| <input type="checkbox"/> Apex Fun Run | <input type="checkbox"/> Fitness Program | <input type="checkbox"/> School Supplies |
| <input type="checkbox"/> Bank Charges | <input type="checkbox"/> Ice Cream Social | <input type="checkbox"/> Spelling Bee |
| <input type="checkbox"/> Campus Improvements | <input type="checkbox"/> Insurance | <input type="checkbox"/> Spirit Sales |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Meeting Costs | <input type="checkbox"/> Staff Appreciation |
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Membership | <input type="checkbox"/> Summer Library Program |
| <input type="checkbox"/> Community Garden | <input type="checkbox"/> Merchant Fees | <input type="checkbox"/> Sweetheart Dance |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Movie Night | <input type="checkbox"/> Talent Show |
| <input type="checkbox"/> District Contributions | <input type="checkbox"/> Penguin Patch | <input type="checkbox"/> Training/Lunches/Resources |
| <input type="checkbox"/> Eagle Fest | <input type="checkbox"/> Printing and Supplies | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Emergency School Support | <input type="checkbox"/> PTA Supplies | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Reflections | |

X: _____ Requestor Signature	1. Attach all receipts/invoices 2. Sales tax will not be reimbursed 3. Have signed by committee chair, then leave in PTA mailbox
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Chairman's Approval Signature: _____	Date: _____
President's Approval Signature: _____	Date: _____

Faculty / Staff Request

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Library | <input type="checkbox"/> PE |
| <input type="checkbox"/> Classroom Grants | <input type="checkbox"/> Nurse | <input type="checkbox"/> Teacher Supplies / Apex |

X: _____ Requestor Signature	1. Attach all receipts/invoices 2. Sales tax will not be reimbursed 3. Leave approved (by the principal) form in PTA mailbox
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Principal's Approval Signature: _____	Date: _____
President's Approval Signature: _____	Date: _____

For PTA Treasurer Use Only: _____

Received By	Date Paid	Check #
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