

# PTA FUNDS CHECK REQUEST

To: PES PTA Treasurer

Date: \_\_\_\_\_

From: \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Make Payable to: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ (Please attach receipt if applicable)

Funds Needed for: \_\_\_\_\_

Date Needed: \_\_\_\_\_ (allow one week for processing)

Account to be charged

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Additional comments: \_\_\_\_\_

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**\*\*Please submit all requests to the PTA mailbox\*\***



Credit Card Approval:

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