

Date Requested:	
Requested by:	Payment Method: (Choose one):
· · · · · · · · · · · · · · · · · ·	☐ - Refund Personal Funds
Grade/Specialty)	□ - Pay Vendor - Invoice attached
☐ - PTA Member/Parent:	□ - Other
Make Check Payable To:	Budget Distribution: (Check all that apply) □ - PTA Budget Category
Deliver Check To:	\$
☐ - AES Mailbox	\$
☐ - This Address:	- Special Grants (approval required)
	☐ - SALES TAX (Do not include in above categories)
	\$(1%, 2%, or 6.75%)
	\$ (1%, 2%, or 6.75%)
☐ - Other:	\$ Grand Total of all categories
 NOTE: For payment to be processed ALL INFORMATION ON THIS FORM IT AN INVOICE OR RECEIPT MUST BE P AFTER COMPLETION, PLEASE FORWATREASURER VIA PTA FOLDER IN MA 	MUST BE COMPLETE. ROVIDED. ARD TO COMMITTEE CHAIR (IF APPROVAL IS REQUIRED) OR
☐ Approved:(Special Grant/Curriculum only)	Date:
Treasurer:	
Check # Date Issued Ch	eck Issued To