

MacFarlane Park PTA

Check/Reimbursement Request Form

Check Payable to (print name): _____

Date Submitted: _____ **Amount: \$** _____

Please remember to attach all receipts. # Receipts Attached: _____

Purpose/Description (please do not combine budget categories on one form):

Please indicate the budget category to be charged:

- | | | | |
|--|-----------------------------------|---|--|
| <input type="checkbox"/> Triathlon | <input type="checkbox"/> Uniforms | <input type="checkbox"/> RP Celebration | <input type="checkbox"/> Teacher Appreciation |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Clubs | <input type="checkbox"/> Movie Night | <input type="checkbox"/> 5 th Grade Banquet |
| <input type="checkbox"/> Trash to Treasure | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Awards | |

Administrative Expense: _____

Family Event Fundraiser: _____

Hospitality: _____

Sponsorship: _____

Other: _____

Submitted by Signature: _____

Contact Phone or Email: _____

Approved by: _____ **Date:** _____

Treasurer's Use Only:

Date Issued: _____

Check #: _____

Budget Category: _____

Date Posted: _____