Check # _____

Pritchard Junior High PTO

Funds Request Form

PAYEE SUMMARY

Payable to _____ Date Requested _____

Address _____ Phone _____

Requestor _____ Date Needed _____

Budget Category(s) to be Charged & Corresponding Amount(s)

Budget Category	Amount	Budget Category	Amount
	$		$
	$		$

PURCHASE SUMMARY

Item Purchased	Place of Purchase	Amount
		$
		$
		$
		$
		$
	TOTAL	**$**

Receipts and/or invoices must be attached. A sales tax exemption form should be used when feasible.

CHECK DELIVERY INFORMATION

Please indicate where you would like this check sent or how you would like to receive it:	

APPROVALS

Committee Chair Signature _____ Date _____

Treasurer Signature _____ Date _____

2nd Signer Signature (if Standing Rules require 2 signatures) _____ Date _____

FOR TREASURER'S USE ONLY

Receipt/Invoice Date		Date Paid	
Date Received		Payment Method	
Plan of Work/Motion		Total Payment	$