

PTA REQUEST FORM

Please note: Requests must be made at least one week prior to regularly scheduled PTA meeting.

Date: _____

Contact Person/Group Requesting: _____

Phone: _____

Are you a PTA Member? YES NO

Item(s)/Activity/Funds Requested: _____

Description _____

Deposit Required? YES Amount \$ _____ Due by: _____
 NO

Date of Event: _____

Write Check to:

Name of Person/Company: _____

Mailing Address: _____

H.V. PTA Payment Authorization

For PTA Use Only

Approved Date: _____ Amount: \$ _____

Invoice Attached Receipt Attached Check Number _____

Check Date _____

H.V. PTA President Signature

H.V. PTA Treasurer Signature

Special Instructions: _____
