



# MacFarlane Park PTA Check Request Form

Payable To: \_\_\_\_\_

Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

\* NO SALES TAX WILL BE REIMBURSED UNLESS ITEMS PURCHASED ARE FOR INDIVIDUAL RESALE BY PTA AT FAIR MARKET VALUE

Attached (circle at least one): ☐ Receipt(s) ☐ Invoice(s) ☐ Other Authoization(s)

## BUDGET CATEGORY:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Academic Games | <input type="checkbox"/> Uniforms/Spirit Items | <input type="checkbox"/> RP Celebration  | <input type="checkbox"/> Teacher Appreciation |
| <input type="checkbox"/> Fall Festival  | <input type="checkbox"/> Health & Wellness     | <input type="checkbox"/> Family Programs | <input type="checkbox"/> 5th Grade Event      |
| <input type="checkbox"/> Box Tops       | <input type="checkbox"/> Field Day             | <input type="checkbox"/> Student Awards  | <input type="checkbox"/> Hospitality          |
| <input type="checkbox"/> Reflections    | <input type="checkbox"/> Service               | <input type="checkbox"/> PTA Dues        | <input type="checkbox"/> Mini Grant Request   |

☐ Other Fundraising/Program/Service \_\_\_\_\_

☐ Other Sponsorship \_\_\_\_\_

☐ School Enhancements \_\_\_\_\_

☐ Administrative Expense \_\_\_\_\_

☐ Other \_\_\_\_\_

PURPOSE/DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Contact Phone or Email: \_\_\_\_\_

Special Instructions (time frame, delivery of check, etc..) \_\_\_\_\_

Approved by Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Approved by Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

| Treasurer's Use Only |              |              |
|----------------------|--------------|--------------|
| Check#:              | Date Issued: | Date Posted: |