



# Proctor School PTA



## Request for Funds by Teacher & Staff

Please complete this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

	Amount
Account to Charge: Classroom Supplies .....	\$ _____
Field Trip Fund .....	\$ _____
Other (Please Specify) _____	\$ _____
Total: .....	\$ _____
	=====

Make Check Payable to: \_\_\_\_\_

Special Instructions/Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach receipts and/or invoices to be paid to this form. **Requests without receipts will be returned and will delay processing of check.**

Requests for funds submitted with receipts by Wednesday at 8:15am, will be ready by Monday at 3:00pm

	Number: _____
	Date: _____
The Treasurer of: _____ Proctor PTA _____	
Will please pay: _____	or order
_____	Dollars
on account of _____	
\$ _____ President: _____ Secretary: _____	