

CHOOSE ONE:

- Expense Reimbursement: Attach original receipts
 Check Request: Attach invoice or other documentation. Amount must be specified in advance.

BUDGET CATEGORY:

- | | | |
|--|---|---|
| <input type="checkbox"/> 6 th Moving Up | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Babysitting | <input type="checkbox"/> HUGS Committee | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Family Nights | <input type="checkbox"/> Operating Expenses | <input type="checkbox"/> Student Assistance |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> PARP | <input type="checkbox"/> Teacher / Staff Grants |
| <input type="checkbox"/> Helping Hands/Field Trips | <input type="checkbox"/> Other: _____ | |

Please list all expenses separately and attach sales receipts.

Date mm/dd/yy	Description	Receipt or Invoice? (Y/N)	Amount

Total Amount Requested: \$ _____

Check Details:

Requester: _____ Phone: _____

Payee, if different: _____

Mail check: _____

Pick up check From PTA Mailbox Teacher Mailbox Other: _____

I certify that all expenses were/will be incurred for the benefit of the Fishkill Elementary PTA, and that any unused materials are the property of, and have been returned, to the PTA.

X _____

Approved by: _____
Board Member Signature Board Member Signature

FOR USE BY TREASURER

Date Received: _____ Date Paid: _____ Check Number: _____

Entered in Quicken: _____ Entered on Budget Sheet: _____

For assistance, please contact the PTA Treasurer.