

Children's Workshop School PTA

FUNDS REQUEST FORM

* Please attach a receipt/email/invoice together with this form.

DATE REQUESTED: _____

TOTAL REQUESTED AMOUNT: _____

method used for original payment:

CASH: \$ _____

CHECK: \$ _____

CREDIT CARD: \$ _____

CHECK#: \$ _____

CHECK ISSUED DATE: _____

REIMBURSEMENT/FUNDS REQUESTED BY: _____

APPROVED BY: _____

PURPOSE: _____

official use only:

☐

Approved

☐

Not Approved

Reimbursed Cash / Check

Check#: _____

Date: _____