

# Olympic View PTA Check Request

Budget Category (If you have questions please ask a PTA Treasurer)

- |  |   |
|--|---|
| <input type="checkbox"/> After School Programs           | <input type="checkbox"/> Membership Service Fee                 |
| <input type="checkbox"/> Art Council                     | <input type="checkbox"/> Other Instruction                      |
| <input type="checkbox"/> Book Fair                       | <input type="checkbox"/> Plant Sale Expenses                    |
| <input type="checkbox"/> Camps                           | <input type="checkbox"/> Postage and Office Supplies            |
| <input type="checkbox"/> Carnival Expense                | <input type="checkbox"/> Major Fundraising (auction/direct ask) |
| <input type="checkbox"/> Compliance                      | <input type="checkbox"/> Recognition and Hospitality            |
| <input type="checkbox"/> Drama Expense                   | <input type="checkbox"/> Required Insurance                     |
| <input type="checkbox"/> Field Day                       | <input type="checkbox"/> Science Council                        |
| <input type="checkbox"/> Field Trips                     | <input type="checkbox"/> Script Expense                         |
| <input type="checkbox"/> Field Trip Scholarships         | <input type="checkbox"/> Social Events                          |
| <input type="checkbox"/> Gift Wrap Expenses              | <input type="checkbox"/> Staff Appreciation Week                |
| <input type="checkbox"/> ID Tag Expense                  | <input type="checkbox"/> Student Community Service              |
| <input type="checkbox"/> Instructional Budget Supplement | <input type="checkbox"/> T-Shirt Expenses                       |
| <input type="checkbox"/> Legislative                     | <input type="checkbox"/> Year Book Expense                      |
| <input type="checkbox"/> Library/Information Technology  | <input type="checkbox"/> Other _____                            |

PTA Member Requesting Check: \_\_\_\_\_

Check Payee: \_\_\_\_\_

Receipts or Invoices Attached  Yes  No

Check to be mailed?  Yes  No

Address if being mailed: \_\_\_\_\_

Description of expense: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer use:

Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ By: \_\_\_\_\_