KRAMER ELEMENTARY PTA – *CHECK REQUEST*

PAY TO: _____ DATE NEEDED: _____

ADDRESS: _____ PHONE: _____

REQUESTED BY: _____ DATE: _____

COMMITTEE NAME: _____

(If your request reflects more than one account, please identify each and amount that should be deducted from each.)

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

ITEM	PLACE OF PURCHASE	AMOUNT
	TOTAL	**$**

(Please attach all receipts. Sales tax **will not be** reimbursed so be sure to use the Sales Tax Exemption certificate when purchasing goods.)

REQUESTOR's SIGNATURE: _____

APPROVED: _____

(PTA President)

Treasurer's Notes:
Date received request: _____
Check number: _____
Amount: _____
Date & Distribution info: _____
_____

Place request in the PTA mailbox in the office or mail to:

Annette Prager
5731 Charlestown Dr.
Dallas, TX 75230
214.632.1734