

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:

Alden Brosseau
 6750 Willow Lane
 Dallas, TX 75230
 214-498-4263
 KramerPTAtreasurer@gmail.com