

CHECK REQUEST

Sparks Elementary School PTA

Date Paid

Check #

Date: _____

Pay to: _____

First Name

Last Name

Expenditure related to:	Amount*	Brief Description	Authorized By:
Room Parent Expense **			
Administration			
American Education Week			
Box tops & Receipts			
Direct Donation			
Environmental Fair (FY12)			
Family Events			
Fifth Grade Celebration			
Finance			
Grandparent's Day			
Health Fair (FY13)			
Hospitality			
Hula for Hopkins			
Ice Cream Social			
Instructional Support			
Library Gift Fund			
Membership			
New Parent Orientation			
New Parent Party			
Newsletter			
Outreach			
Reading Incentive Program			
Reflections			
Roster			
Scholarships			
School Supply			
Science Fair			
Spirit Wear			
Spring Fair			
Teacher Appreciation Week			
Teacher Discretionary Funds			
Technology Fair (FY11)			
Website			
Wish List - Excess Budget Only			
TOTAL REQUESTED			

* Attach Original Receipts - make a copy this form and receipts for your records

** Please include teacher's name in description

Disbursement will not be made without original receipts and complete CHECK REQUEST