

BARNARD EARLY CHILDHOOD CENTER  
PTA EXPENSE REQUEST FORM

<b>FOR TREASURER USE ONLY</b>
Date Received: _____
Check Number: _____
Check Date: _____
Entered into Quickbooks: _____

Date of Request: \_\_\_\_\_

Select One:       Check Request                       Reimbursement Request

Date Check Required: \_\_\_\_\_                      Amount: \_\_\_\_\_

*(Please allow 1-2 weeks for reimbursement)*

Purpose: \_\_\_\_\_

Budget Category: \_\_\_\_\_

Person Requesting funds:

_____	_____	_____
First & Last Name	Room #	Grade
_____	_____	_____
Phone Number	Email Address	

If a person other than a teacher/staff member requesting funds, please fill in your address:

_____	_____
Street	City, State and Zip Code

Where or to whom would you like the check to be delivered? (if to a student's parent, please indicate child and teacher's name, grade and room number)

\_\_\_\_\_

Signature of person requesting funds: \_\_\_\_\_

Signature of person approving funds: \_\_\_\_\_

*PTA Presidents, Vice Presidents, Treasurer or Committee Chairperson may approve expenses within budgeted amount. Appropriate documentation (invoices or receipts) must be attached. Every effort will be made to respond within two weeks. Please provide as much advance notice as possible. Thank you for your cooperation.*

Deliver Request to:  
BarnardPTATreasurer@gmail.com

*Please attach all appropriate invoices and receipts*