

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