

## **Funds Request Form**

(Keep a copy of this form and receipts for your records)

\*\* Email this form along with Bill/Invoice or Receipts. We <u>DO NOT</u> reimburse for Sales Tax\*\*

Name:	Phone#:	Date:
Committee:	nmittee: Check Amount:	
Make Check Payable to:		
Line-Item Expense in Budget to be A	pplied Towards:	
Treasurer Verifying Funds:	Check #	Date:
C.W. CLINE PTO BRINGING PARENTS STUDENTS C. TEACHERS TO CETHER  (Keep a cop	Funds Request Form  by of this form and receipts for your Bill/Invoice or Receipts. We DO NOT	records)
Name:	Phone#:	Date:
Committee:	Check Amount:	
Make Check Payable to:		
Description of Request:		
Line-Item Expense in Budget to be A	pplied Towards:	
Treasurer Verifying Funds:	Check #	Date: