

Signal Hill PTA Expense Form

All Checks will take approximately two weeks to process!

Committee/ Event _____

Date _____

Submitted by _____

Phone Number _____

Email _____

Merchant Name	Type of Items	Amount	Receipt is Attached

TOTAL AMOUNT REQUESTED: _____

Check Payable to you? Yes _____ No _____ No. Please pay: _____

Can we send check home in child's backpack?

Yes(Please provide child's name & Teacher's Name) _____

No:(Means you will pick up the check at PTA Meeting) _____

PTA President Approval: _____

Treasurer: _____

Date of check: _____

Check Number: _____