

# 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: \_\_\_\_\_