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Please staple receipt(s) to the back of this area!

CCES PTA

REQUEST FOR FUNDS FORM

Date: _____

Last day for form submission is the second to last Monday of every school year. Thank you.

Requested by: _____

Make check payable to: _____

Budget line item/Purpose of funds: _____

_____

Item(s)	Vendor	Amount ($)

TOTAL AMOUNT REQUESTED: $_____

I acknowledge that to be reimbursed, I must submit original receipts. Original receipts will not be returned.
Signature required: _____

To be notified if check is approved/ready, please indicate phone number, otherwise the check will be left at the front office. : _____

Board Liaison approval (necessary before going to Treasurer): _____

==========Treasurer's Use==========

Check #: _____ **Date Issued:** _____ **Amount:** _____