

KRAMER ELEMENTARY PTA - CHECK REQUEST

PAY TO: _____

DATE NEEDED: _____

ADDRESS: _____

PHONE: _____

REQUESTED BY: _____

DATE: _____

COMMITTEE NAME: _____

(If your request reflects more than one account, please identify each and amount that should be deducted from each.)

ITEM	PLACE OF PURCHASE	AMOUNT
	TOTAL:	\$

(Please attach receipts. Sales tax will not be reimbursed so be sure to use your Sales Tax Exemption certificate when purchasing goods.)

SIGNATURE: _____

APPROVED: _____

(PTA President)

Treasurer's Notes:
 Date received request: _____
 Date paid: _____ Date signed: _____
 Check Number: _____ Amount: _____
 Date & Distribution Info: _____

Place request in PTA mailbox in the office or mail to:
 Jennifer Burks 5516 Ridgetown Circle, Dallas, Texas 75230
 972.385.7855 – home 972.965.9439 - mobile