

PTMS PTSA

Request for Funds

(Science Olympiad)

To be completed by PTSA Treasurer:

Check Amount: \$ _____

Budget Category: _____

Check Number: _____

Check Date: _____

Date approved/ratified by PTSA: _____

Please make sure that your request for funds is a budgeted item and/or has been approved by the PTSA in the meeting minutes. No checks are issued without this authorization or without a receipt.

1. Complete the information requested below. PLEASE PRINT LEGIBLY.
2. Attach a photocopy of receipt/invoice as proof of money spent or an invoice for a payment needed.
3. Place the form in the Science Olympiad Treasurer's folder for approval and processing.

*Checks are issued on the 15th and 30th of each month.
Please submit requests at least 7 days prior to processing dates.*

Request Date:

Name of Person Requesting Check:

Position:

Event/Item Description:

Date of Expense or Event:

Amount Requested:

PTSA Budget Category: _____

Invoice Attached

Receipt Attached

Make Check Payable To:

Mail check:

☐ Put check into Science Olympiad Mailbox.

Call for check to be picked up: _____ (payee phone number)

Request Approved by:

Science Olympiad approval – 2 signatures

PTSA President / Date

PTSA Secretary / Date

