



## REQUEST FOR BUDGETED FUNDS

Hillcrest Hawks

**PTA**

*everychild.one voice.*<sup>®</sup>

WWW.HILLCRESTHAWKSPTA.ORG

**Reimbursement** (Please include receipts)

**Request for Purchase** (Please include invoice/bill)

For requests that exceed the budgeted amount for your project/program, please fill out the "Funds Approval" form.

**Date:**

**Amount:**

**Committee:**

**Explanation of Expenditure:**

**Name:**

**Signature:** \_\_\_\_\_

### For Treasurer's Use Only

**Check made out to:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Amount Charged:** \_\_\_\_\_

**Expense Category:** \_\_\_\_\_

**Treasurer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_