Bubb Elementary PTA - Check Request

Date of Request: _____ **( ) Return to Requestor**

Requested By: _____ **( ) Mail to:**

Total $: _____ **Address:** _____

Payable To: _____ **City, State, Zip:** _____

For Expense Reimbursements or Check Requests (attach all receipts)

Item #	Description	Vendor	Date	Amount
			Total	

For Field Trip Requests (One line per grade level; Principal must authorize below)

Date of Trip	Destination	Grade Level	Room #	# of Students	Amount
				Total	

Field Trip Transportation (check one and provide cost estimate)

Walking	On-Site	District Bus	Charter Bus	County Transit	Other	Amount

_____

Field Trip Authorization (Bubb Principal)

PTA Use Only:

Check Number: _____ _____

Authorized by PTA President *Date*

Check Date: _____ _____

Authorized by PTA Secretary *Date*