Foothill High School PTSA
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CHECK REQUEST & PAYMENT AUTHORIZATION

ATTACH ALL RECEIPTS OR INVOICES TO THIS EXPENSE STATEMENT

Submitted by:	Role or PTSA Position:	Date:
Email Address:		Phone#:

Event/Program/Budget Item	Description of Expense	Amount

Total Expense $ _____

Minus Advance Received $ _____

Total Amount Requested this Check $ _____

Make Check Payable to:_____

Payee Address:_____

Delivery instructions: __ Mail check to payee

__ Put in requester's mail slot in Foothill Office

__ Other:_____

☐ **INVOICE OR RECEIPTS ATTACHED**

X_____
Signature of Requester

PTSA Approvals:

President:	Secretary:

For PTSA Treasurer Only:

Date Approved in Minutes:	Category Classification:	Grant Number:
Check Number:	Check Date:	Treasurer:

- Remember to attach invoices or receipts before putting in PTSA/Treasurer mail slot -