Staff/Parent Name:	USE FOR ALL PIA		Date:	
Budget Line Item:			For:	
■ Reimbursement* * Please attach receip **Please attach 2 cop	ot(s) or a copy pies of all invoices	☐ Deposit Checks: Cash: Loose Change	e:	Change Request Requests must be submitted 1 week prior to event \$ 20 \$ 0.25 \$ 10 \$ 0.10 \$ 5 \$ 0.05 \$ 1 \$ 0.01
For Treasurer Use: Budget Line Item: Split	Date:		Amount Pd. / Deposited	_ _
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	USE FOR ALL PTA			Deposits Amount:
☐ Reimbursement*		☐ Deposit		☐ Change Request
* Please attach receip **Please attach <u>2 cop</u>		Checks: Cash: Loose Change	e:	Requests must be submitted 1 week prior to event \$ 20 \$ 0.25 \$ 10 \$ 0.10 \$ 5 \$ 0.05 \$ 1 \$ 0.01
For Treasurer Use: Budget Line Item: Split			Amount Pd. / Deposited	— — —
Processed by:	Date:		Check # :	<u> </u>
Staff/Parent Name:	-		ents, Invoices and Date:	
Budget Line Item:			For:	
☐ Reimbursement*		☐ Deposit	· -	Change Request Requests must be submitted 1 week prior to event
* Please attach receip **Please attach <u>2 cop</u>		Checks: Cash: Loose Chang	e:	\$ 20 \$ 0.25 \$ 10 \$ 0.10 \$ 5 \$ 0.05 \$ 1 \$ 0.01
For Treasurer Use: Budget Line Item: Split			Amount Pd. / Deposited	
Processed by:	Date:		Check # :	— <u> </u> —_ <u> </u>