



Durant Road Elementary PTA EXPENSE CHECK AUTHORIZATION

Date Submitted: _____

Person/Business: _____ Grade: _____ Track: _____

Address _____

Purpose: _____

Budget Category (if known): _____

Dollar Amount to Expense: _____

Itemization (if multiple expenses): _____

Requestor's Signature: _____

**REMEMBER TO ATTACH ALL RECEIPTS
EXPENSES WILL NOT BE PAID WITHOUT RECEIPT(S)!**

Treasurer Authorization: _____

Check Number: _____ Date: _____

Approved Budget Category: _____

Total: \$ _____ Taxes: ___% \$ _____ 2% \$ _____ Other: \$ _____

Entered on Tracking Form: _____