

Sherwood High School -- PTSA Funds Request Form

Request Date: Submitted by:

Event Date(s): Event Name:

Brief event description, how it supports student learning, and any other relevant background information.

#.of Students Participating: Grade Level(s):

_____ Approved ___ Disapproved
 PTA Representative (Date)

Sherwood PTSA -- Request for Payment

Amount: \$ _____ Date: _____ Make check payable to: _____

Committee/Activity _____ Purpose: _____

Itemization of Expenses:

Account	Vendor	Description	Amount

Check Requested by: _____
 Signature & Date

Committee Chair- _____ Officer's _____
 person's Approval Signature & Date Approval Signature & Date

Paid by Check # _____ Date: _____ *****Receipts MUST be attached*****