

Autumn Creek Elementary School PTO

Funds Request / Expense Report

Requested By: _____ Date: _____

Field Trip Funds _____ Teacher Funds _____ Budgeted Item _____

Account (Treasurer Only)	Description (Trip/Fund Use/Activity)	Payable To: (Please include vendor address)	Amount

		Total Request:	
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NOTE: For all requests, please provide a receipt/invoice for goods/services.

Signature: _____

Authorized By: _____ Date: _____ Check #: _____ Date Pd: _____