



## REQUEST FOR ADDITIONAL FUNDS

Hillcrest Hawks

**PTA**

*everychild.one voice.*<sup>®</sup>

WWW.HILLCRESTHAWKSPTA.ORG

**Reimbursement** (Please include receipts)

**Request for Purchase** (Please include invoice/bill)

**Name:**

**Date:**

**Amount:**

**Committee/Expense Category:**

**Explanation of Need for Additional Funds:**

**Signature:** \_\_\_\_\_

### For Treasurer's Use Only

**Approved by the General Membership:**     YES     NO

**Check made out to:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_    **Date:** \_\_\_\_\_    **Amount:** \_\_\_\_\_

**Amount Charged:** \_\_\_\_\_

**Expense Category:** \_\_\_\_\_

**Treasurer Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_