

Longridge PTA 2006-2007 Expense/Reimbursement Request

Requester Name: _____ Date: _____

Phone #: _____ Amount requested: \$ _____

Post to Budget Line Item (from list below): _____

Service Activities:

200 Bus Buddies
201 Welcome Back Teacher Luncheon
202 School Memories
203 Staff Appreciation
204 Kids On The Block

Mini Grants:

(A) Mini Grants to Longridge
400 Agendas for 2006-2007
401 Odyssey of the Mind
402 Lunchroom Activity Kits
403 Spring Field Days
404 Fall Kindergarten Round-Up
405 Spring Kindergarten Round-Up
406 Red Ribbon Week
407 Extracurricular Support (\$75/activity)
408 Enrichment Assembly Support
409 Read Across America
410 Student Recognition
411 Courtyard Fund

Mini Grants:

(B) Mini Grants to each Grade Level
500 Pre-K student enhancement
501 Kindergarten student enhancement
502 1st Grade student enhancement
503 2nd Grade student enhancement
504 3rd Grade student enhancement
505 4th Grade student enhancement
506 5th Grade student enhancement

Leadership Development:

600 Summer Experience
601 Presidents and Principals Dinner
602 Convention 2007
603 Marguerite Brown Dinner
604 Spring Conference

Events:

300 Welcome back picnic
301 Fall Harvest Festival
302 Breakfast with Frosty
303 Drop Everything and Read, Dear
304 Pizza Bingo
305 5th Grade Graduation Ceremony

Operational Expenses:

700 Bank Service Fees
701 Income Tax Preparation Fee
702 Liability Insurance
703 Membership Expenses
704 Misc. Admin
705 Sam's Club Membership
706 Hospitality

Please attach estimates, quotes, or receipts when turning this form in for PTA review.

Areas in bold type will be filled in by PTA Treasurer. Only one request can be processed per form.

Please make certain that requests are in line with PTA regulations.

Any questions may be addressed to the PTA Treasurer or President.

Activity and Date: (Please be specific.)

Payable information:

Name: _____

Address: _____

City, State, Zip: _____

PTA Meeting Date: _____

Approved: _____ Not Approved: _____

Reason for non-approval:

PTA Treasurer: _____

PTA President: _____

Date Paid: _____ Check #: _____

Paid by: _____