



# Lake Garda Elementary School

every child, one voice

## PTA Request Form



Staff Name:	Date:
Reason for Request/Category/Project: _____	
_____	
_____	
_____	
_____	
Date Submitted:	Date Needed:
<input type="checkbox"/> Included In Annual Budget <span style="margin-left: 100px;">or</span> <input type="checkbox"/> Approved At PTA Meeting Date:	
Check Payable To:	Total Amount Requested:
Full Address: (To Where The Check Should be mailed)	

Please attach any documentation, invoices, receipts and detailed information to this form.

Principal's Signature:	Date:		
PTA'S President Signature:	Date:		
Voucher#	Check#	Account:	Date: