

Corey Academy PTA  
Funds Request Form

Payable To \_\_\_\_\_ Date \_\_\_\_\_



Address \_\_\_\_\_ Phone \_\_\_\_\_

Requestor \_\_\_\_\_ Date Needed \_\_\_\_\_

Budget Category	Amount	Budget Category	Amount
	\$		\$
	\$		\$

Purchased Item	Place of Purchase	Amount
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

*Receipts and/or invoices must be attached. A sales tax exemption form should be used when feasible.*

If applicable: Please indicate where you would like this check sent or how you would like to receive it:	 <b>Pick-Up</b>	 <b>Mail</b>
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Chairman's Signature \_\_\_\_\_ Date \_\_\_\_\_

Treasurer Signature \_\_\_\_\_ Date \_\_\_\_\_

President Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR TREASURER'S USE ONLY**

Receipt/Invoice Date		Date Paid	
Date Received		Payment Method	
Plan of Work/Motion		Total Payment	\$
		Check #	

Please email this completed form and any necessary documentation (receipts, invoice, etc.) to both  
 treasurer@coreypta.org AND president@coreypta.org.