



-----

**FUNDS REQUEST FORM:  
BUS TRANSPORTATION**

<b>DATE:</b>	
<b>TEACHER NAME/GRADE:</b>	
<b>DATE OF EVENT:</b>	
<b>DESTINATION:</b>	
<b><i>ESTIMATED COST (INCLUDE QUOTE)*:</i></b>	
<b>SPECIAL NOTES/COMMENTS:</b>	

*\*MAXIMUM AMOUNT IS \$300 PER CLASS*

PLEASE RETURN THIS COMPLETED REQUEST AND ESTIMATE/QUOTE TO THE PTA MAILBOX IN THE OFFICE.

CHECKS WILL BE CUT NO LATER THAN 2 WEEKS AFTER FORM SUBMISSION.

**IF NEEDED, USE TAX EXEMPTION #ES36687 FOR PURCHASE.**

-----

FOR PTA OFFICER'S USE ONLY:

<b>APPROVED/DENIED:</b>	
<b>APPROVED/DENIED BY:</b>	
<b>DATE:</b>	
<b>REIMBURSEMENT DATE:</b>	
<b>CHECK NUMBER:</b>	
<b>CHECK AMOUNT:</b>	
<b>PTA TREASURER'S SIGNATURE:</b>	
<b>PTA OFFICER'S SIGNATURE:</b>	