



**SPECIAL REQUEST FORM:
FUNDS THAT EXCEED DISCRETIONARY ACCOUNTS
OR
FUNDS FOR AN UNEXPECTED NEED**

DATE:	
TEACHER NAME/GRADE:	
AMOUNT:	
PLEASE DESCRIBE DESIRED USE OF FUNDS IN DETAIL:	

THIS FORM AND ESTIMATE/QUOTE MUST BE SUBMITTED BY THE **1ST THURSDAY OF THE MONTH** TO BE DISCUSSED AT THE **FOLLOWING WEEK'S** MEETING.

PLEASE RETURN THIS COMPLETED REQUEST TO THE PTA MAILBOX IN THE OFFICE.

FOR PTA OFFICER'S USE ONLY:

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