

CHCA PTF Funds Request Form 2018-2019 School Year

Note: To complete this on-line, just fill in the missing cells in Column B and delete the inaccurate info on the "Circle One" parts.)

Receipts and Funds Request Form can be placed in inner-office envelope to Julie Carnes attention, or emailed to kcarnes@mcswaincarpets.com, or texted to 513-615-3713

Date of Request:					
(Circle One) Is this for:	Reimbursement	Cash Advance	Pay Bill	Prepayment	
Person Requesting Funds:					
Check should be made payable to:					
Check should be sent to: (Include HR if via school mail)					
Date Payment Needed by:					
Amount Requested:					
Invoice #:					
Invoice Date:					
(Circle One) Campus:	EBL (PK-3)	LS (4-6)	US (7-8)	MSL HS (9-12)	AS (PK-6)
Description:					
(Check Box) PTF Budget Line Item:	<u>Hospitality:</u>		<u>Staff Appreciation:</u>		<u>PTF Presents:</u>
	MTTN		FAD Meals		4th Grade Pathways
	Teacher Conferences		FAD Gift Cards		Author Visit
	Coffees		MTTN		COSI
	Celebration		Teacher Conferences		8th Grade Passages
	Guidance Event		Staff Appr Monthly Gifts		ERB Testing
	Other		Other		Diasperio
	<u>Admin:</u>		<u>Spiritual Life:</u>		Jr/Sr After Prom
	Other		Chapel Speakers		Other
			Other		
Budget Owner / Chair Authorization:					
(Circle One) Can this Line Item be Closed?	Yes	No	Not Sure		
For Finance VP Use:					
Paid by Check #:					
Check Date:					
FRF #:	FRF 1819 -			Recorded in Quicken	