

**SWE PTA
Spending Request Form**



Date: _____ Program/Committee Name: _____

If you did not receive pre-approval based on your Budget Proposal in August, you must submit this form prior to spending dollars you expect to submit to the PTA for reimbursement. Unapproved expenses will not be reimbursed

Please complete the form below and submit to the Finance Committee for the PTA. Email the completed form to info@swespta.org.
The Finance Committee will review the request on the 3rd Monday of each month **Please submit your request by the 2nd Monday of each month.**
Please include as many details as possible. Attach a separate sheet if needed.

Program Purpose (include a brief description of the program and the students you expect to directly impact):

How does this fit with the PTA Mission outlined in the ByLaws:

	Dollar Amount Requested	Details
II. Administrative Overhead & Office Expenses		
Office Supplies		
Printing & Copying*		
Postage		
III. Program Expenses		
1		
2		
3		
4		
5		
6		
Total		

*If you need to use outside print services.

If you need help completing this form, please email the Finance Committee at info@swespta.org.
If you need more space, please attach an additional sheet.