



<b>Treasurer Use Only</b>
Check # _____
Date _____
Amount _____

**FUNDS REQUEST FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Department to fund: \_\_\_\_\_

Committee (if applicable): \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Date funds needed by: \_\_\_\_\_

Payment description: (check request, reimbursement, etc.) \_\_\_\_\_

Description: \_\_\_\_\_

Name and title of requesting staff member (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Treasurer:**

Budgeted? \_\_\_\_\_

Budget item assigned and \$ remaining: \_\_\_\_\_

**Approval:**

Approval by PFA Board Member (print name and title): \_\_\_\_\_

Signature: \_\_\_\_\_