

Eldersburg Elementary School

**PTA**

1021 Johnsville Road  
Eldersburg, MD 21784  
410-751-3520

PLEASE ATTACH ALL RECEIPTS/DOCUMENTS

**FINANCIAL TRANSMITTAL FORM**

From: \_\_\_\_\_

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

Check one: Revenue  Expense   
(all revenue must be counted and verified by two people)

DESCRIPTION OF REQUEST (be as specific as possible)

Event: \_\_\_\_\_

Account(s) to be charged

Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total** \_\_\_\_\_

**Payee Name and Address:**

(treasurer use only)

**Paid by check #:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Issued By:** \_\_\_\_\_

\_\_\_\_\_

**Check to be:**

Mailed  Picked Up

X \_\_\_\_\_

**Signature of Originator**

**If turning in receipts, signature of two counters:**

X \_\_\_\_\_

X \_\_\_\_\_