

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

or

If turning in cash/checks from event signature of two counters:

If requesting PTA reimbursement signature of requestor

X _____

X _____

X _____