St. Joseph School Pinole CA **PTG Transaction Form** **DISBURSEMENT**

This form must be filled out completely with authorized person/s signature. All receipts/invoices are required and must be attached with request.
Request is processed upon PTG President's approval.

Please check one: **[ ] Check Request** **[ ] Vendor Payment** **[ ] Reimbursement**
[ ] Advance Funds (maximum $300. Invoice not needed now, but receipts are due within 30 days)

Submitted by: _____ Email: _____ Phone no: ( )_____ Date: ____/____/___

Please make check payable to: _____

CIRCLE the corresponding Budget Code and Event related to this expense. ONE FORM PER EVENT. Do NOT combine multiple events on one form.

6010 Candy Sale	6110 Halloween Party	6235 Science Fair	6320 Interest / Bank fees	6390 Misc Admin / Operation
6020 Gift Wrap Sale	6120 Santa's Breakfast	6240 Staff Appreciation Luncheon	6330 Principal's Day	9010 School Operating Budget
6030 Cookie Dough	6130 Daughter Dance	6250 Parent/Teacher Conference	6331 Secretary's Day	9020 Faculty Grants
6040 Spell-a-thon	6140 Son Event	6255 2nd Gr Communion Lunch	6332 Teacher Appreciation Gift	9030 P.A.C.E.
6050 Auction	6150 Community Spirit Store	6260 New Student Testing	6340 Parent Participation Contest	9040 Thomas Collins Scholarship
6051 Auction Raffle	6205 Hospitality Supplies	6270 Parent Orientation	6345 Classroom Parties	9050 Endowment
6052 Car Raffle	6210 Back to School Coffee	6280 Special Person's Event	6350 8th Grade Awards Dessert	9060 Excess funds at year-end
6060 Bingo	6220 Buddy Breakfast	6310 Family Fees (Current Year)	6360 PTG/Board Potlucks	6032 Pizza Coupons
6090 Bricks	6230 Catholic Schools Week	6315 Family Fees (Next Year)	6370 Gifts: Memorials, Flowers, PTG Thank you's	6034 Sports Event Tickets
				6045 Read-a thon

List items separately. Use separate sheets if necessary.

Vendor Name	Invoice Date	Invoice #	Description/Purpose		Amount
				TOTAL	

Chairperson's Name (Print) _____

Chairperson's Signature _____ PTG President Signature/Approval _____

Accounting ONLY: Check # _____ Amount $ _____ Date _____ By: _____