_____PTA/PTSA

CHECKS TO BE RATIFIED

Bills that have already been paid to be presented to the Association for ratification:

Date:	*Check #:*	*Event / Activity*	*Amount:*

BILLS TO BE PAID:

Bills to be presented to the Association for approval of payment

To Whom	*Event / Activity*	*Amount:*

_____ _____

Financial Secretary/Treasurer Date