

GENERAL INFORMATION

Date: _____

Individual requesting payment: _____

Phone number: _____

Check/Requested Amount: \$_____ (Must total to receipt(s) amount)

Budget account to be charged to: _____

TYPE OF EXPENSE
(Please check one box)

Personal reimbursement per attached receipts. (Attached receipts must equal amount requested.)

Payment of attached vendor invoice.

Payment request per attached contract. (Contract must be signed before forwarding to Treasurer.)

Other: (explain)

METHOD OF PAYMENT
(Please check one box)

Check to be picked up from PTA mailbox by individual requesting payment.

Check to be mailed directly to vendor/supplier at address on attached invoice.

Forward to: (child's name) _____ (teacher) _____

Special instructions: (explain) _____

AUTHORIZATIONS

Requesting individual's signature: _____

Committee: _____

Treasurer's signature: _____

Do not write below this line:

Check # _____ Amount of Check: \$_____

Budget account charged: _____ Date paid: _____