

Request for Payment

_____ PTA

Please make check payable to: _____

Amount: \$ _____

Date: _____

Committee/Activity: _____

Purpose: _____

Itemization of Expenses:

Account	Vendor	Description	Amount

Check Requested By: _____

Signature & Date

Committee Chairperson's Approval:

Officer's Approval

Signature & Date

Signature & Date

****Receipts MUST be attached.****

Paid by Check No.: _____

Date: _____