

**Request for Payment
Sligo Creek Elementary School PTA**

**** Original receipts MUST be attached ****

Make check payable to: _____

Requested by (if different from above): _____

Amount: \$ _____ **Date:** _____

Purpose/Event: _____

Itemization of Expenses (Please circle relevant items on receipts):

Merchant	Date	Receipt Total	Description

Total _____

Committee chair or VP approval: _____
Signature & date

or by email to treasurer@scespta.org
(Treasurer: attach hard copy)

Instructions for disbursal:

- Mail (Attach a self-addressed, stamped envelope)
- Teacher mailbox
- Backpack (Child's name and teacher: _____)
- PTA meeting
- Other _____

PTA Treasurer's Use

Paid by check no: _____ **Date:** _____