



REQUEST FOR PAYMENT FORM

Name of Person Requesting Check		Phone	Date
PTA or Staff Position		Committee or Grade	
Event or Assignment			
Date of Event	Amount Requested \$ _____	Date Needed by _____, 20__	
Description (invoice or receipts attached)			
Check One: <input type="checkbox"/> Mail Check OR <input type="checkbox"/> Pick up at the front office			
Make Check Payable to: (Name of Person/Company)			
Address			
City	State, Zip	Phone	

Requests received by 2:30 pm Tuesday in Treasurer's Box will be returned by that Friday.
Please contact Becky Chanawatr @ becky_ca75@yahoo.com if you do not receive your check.

Approved by: (President's Signature)	(Secretary's Signature)
Check One: <input type="checkbox"/> PTA-FUNDED EXPENSE OR <input type="checkbox"/> STUDENT-FUNDED EXPENSE	

Budget Category	Budgeted Amount	Check # Date:	Amount	Date Ratified
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