



## 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			
<b>Make Check Payable to:</b> (Name of Person/Company)			
Address			
City	State, Zip	Phone	

Requests received by 2:30 pm Monday in Treasurer's Box will be returned by that Friday.  
Please contact Manoosh Shakib at [manoohsh@me.com](mailto:manoohsh@me.com) if you do not receive your check.

<b>Approved by:</b> (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
-----------------	-----------------	------------------	--------	---------------