

Battlefield Park Elementary PTA

Request for Payment

Please do the following:

20__ - 20__ School Year

- 1) Fill out form completely & SIGN
- 2) Attach applicable receipts or documents
- 3) Place form and attachments in the PTA Treasurer's mailbox

GENERAL INFORMATION

Date: _____

Individual requesting payment: _____

Phone number: _____ Email: _____

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 within box ***

Check # _____ Date Paid _____

Budget Account charged: _____

Questions: president@battlefieldpark.com or treasurer@battlefieldpark.com

PTA website: www.battlefieldpark.com