

MANETUCK PTA
REQUEST FOR PAYMENT FORM

REQUESTER'S NAME _____ DATE _____
ADDRESS _____ PHONE _____
COMMITTEE _____

For Backpack Reimbursement:
YOUR CHILD'S NAME _____ CHILD'S TEACHER _____

.....
LIST EXPENDITURE(S):

<u>DATE</u>	<u>ITEM(S)</u>	<u>AMOUNT</u>
-------------	----------------	---------------

TOTAL \$ _____

MAKE CHECK PAYABLE TO: _____
(IF DIFFERENT FROM ABOVE)

*******COMMITTEE CHAIR SIGNATURE IS REQUIRED*******
*******BEFORE PAYMENT WILL BE ISSUED*******

.....
BUDGET LINE _____
COMMITTEE CHAIR APPROVAL _____
PTA PRESIDENT APPROVAL _____
.....

PLEASE FORWARD THIS FORM, SIGNED BY A COMMITTEE CHAIR
WITH YOUR RECEIPTS SECURELY ATTACHED, DIRECTLY TO
"KRISTIN ROSATO, TREASURER" VIA THE PTA MAILBOX. THANK YOU.

For Treasurer Use Only

Date: _____
Amount: \$ _____

Check #: _____