

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>
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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 "AMANDA DELLAUNIVERSITA, TREASURER" VIA THE PTA MAILBOX . THANK YOU.

For Treasurer Use Only

Date: _____
Amount: \$ _____

Check #: _____