

## ADDISON PTA PAYMENT REQUEST FORM

(Please submit to the PTA Treasurer's Box in the Addison Office)

Your Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Authorized by: \_\_\_\_\_

(Person responsible for the budget category should sign.  
You may not authorize payments to yourself.)

Check Payee Name (if different from above): \_\_\_\_\_

Mail Check to (Address): \_\_\_\_\_

Date submitted to Treasurer: \_\_\_\_\_

<u>Expense Description:</u>	<u>Budget Category:</u>	<u>Amount Requested:</u>

**YOU MUST SUBMIT AN ORIGINAL RECEIPT OR INVOICE  
WITH THIS REQUEST**

**Total Amount Requested: \$ \_\_\_\_\_**

(This section for the use of the PTA Treasurer)

<u>Expense Description:</u>	<u>Budget Category:</u>	<u>Available Budget:</u>	<u>Amount Requested:</u>	<u>Remaining Budget:</u>

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt Attached: \_\_\_\_\_ Check Number \_\_\_\_\_