marengo pta

REQUEST FOR PAYMENT

Fill out this form, attach receipts or invoice, then place in the TREASURER mailbox in the PTA workroom.

CHECK PAYABLE TO:	**REQUESTED BY:**
Name:_____	Committee: _____
Address:_____	Event Title: _____
_____	Date(s) of Event:_____
City/State/Zip:_____	Contact Name: _____
_____	Contact Phone:_____
Phone: _____	Contact Email: _____
Email:_____	Signature: _____
All checks will be mailed unless otherwise requested.	

GIVE A DESCRIPTION OF ITEM, EVENT, LOCATION. ATTACH AN ORIGINAL RECEIPT OR INVOICE			
Description:	**Quantity**	**Unit Cost**	**Total Cost**
		SUBTOTAL	
		TAX	
		TOTAL	

PTA OFFICER'S APPROVAL	**PTA TREASURER DATA ENTRY**
Budget Line Item:_____ PTA President: _____Date:_____ PTA Exec VP:_____Date:_____ PTA Secretary: _____Date:_____	Date Entered: _____ Check Number: _____ Entered by: _____

Marengo School PTA requires seven working days to process requests for checks.

****No payment will be made without an attached receipt or invoice****