**WALNUT AVENUE SCHOOL PTA**

**REQUEST FOR PAYMENT**

DATE:

REQUESTED BY:

PHONE:

EMAIL:

NAME OF EVENT:

CHAIRPERSON:

DATE OF EVENT:

PAYABLE TO:

AMOUNT $:

\*\*RECEIPTS MUST BE ATTACHED TO RECEIVE REIMBURSEMENT (CAN BE SCANNED & ATTACHED\*\*

TREASURER’S BOX

CHECK #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECEIPT ATTACHED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TREASURER’S INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_