

**MORGAN ELEMENTARY PTA
REQUISITION FOR PAYMENT FORM**

Requested by: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Amount Requested*: \$ _____

_____ Request Reimbursement **OR** _____ Request Payment of Invoice to:

ITEMIZED EXPENSES BELOW: (Submit additional copies, if needed)

Budget Line Item(s)	Purpose of Expense	Sales Tax Amount	Total

*Receipts and/or invoices are required before payment can be made. Please attach.

Authorized by (Executive Board Member's Signature): _____

Date: _____

Submit completed form and receipts/invoices to: Sarah Gaussoin

(via email sgaussoi@wakehealth.edu OR place in the PTA box in the teachers' lounge)

For Treasurer's Use ONLY:

Check Number: _____ Date: _____

Other Information: _____

Treasurer's Signature: _____ Date: _____