

REQUISITION FOR PAYMENT FORM

Requested by: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ AMOUNT REQUESTED* \$ _____

____ Request Reimbursement OR ____ Request Payment of Invoice to:

ITEMIZE EXPENSES BELOW: (submit additional copies if needed)

Budget Line Items(s)	Purpose of Expense	Sales Tax Amt.	Total

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

Authorized by: _____ Date: _____

Executive Board Member's Signature

Submit Completed Form to: (Keysha Macklin, krmacklin@yahoo.com)

Or in the Treasurer's mail slot in the teacher's lounge)

FOR TREASURER'S USE ONLY:

Check Number: _____ Date: _____
Other Information: _____
Treasurer's Signature: _____ Date: _____