



PTA * Request for Payment Form * Warrant

Committee/Event _____
Payee Name: _____
Address: _____
Phone: (____) _____ - _____ Email: _____
Description of Funds Requested: _____

Include itemization of all dollar amounts on reverse and attach all receipts/invoices:

Amount Requested: \$ _____

Mail Check Chairperson File Hand Deliver

Warrant submitted by: _____ (if different than above)

(printed name and title)

Phone: (____) _____ - _____ Email: _____

Approvals Committee Chair signature **required** before submitting to Treasurer.

Committee Chair: _____ Date: _____

President/EVP: _____ Date: _____

Recording Secretary: _____ Date: _____

Bookkeeping

Account: _____ Date Paid: _____

Detail: _____

Disposition of Check (Chairperson file/mailed/hand delivered) _____

Processed by: _____ Verified by auditor: _____

Check #: _____

