

Oak Hills Parent Teacher Organization
REQUEST FOR PAYMENT

Request Date: _____ Request Amount: _____

Requestor's Name: _____

Phone/email: _____

Make Check Payable to: _____

Address: _____

Please check description that applies:

_____ Single Room Party (Teacher's Name): _____

_____ Multi-Room Party (List ALL Teacher's names): _____

_____ Other (Please provide description of purchase and what it is for):

PLEASE ATTACH ALL RECEIPTS AND DOCUMENTATION AND PLACE IN TREASURER'S FOLDER (REQUEST FOR PAYMENT) IN PTO DRAWER.

Area below for PTO Officer use only

Check Date _____ Check Number _____ Check Amount _____

Expense Category: _____

Check delivered/mailed date: _____

Treasurer's signature