Dillard Drive Magnet Middle School PTA Payment Request Form

Make check payable to:

Mailing Address

Name (if different than who check is payable to)

Approval	

Please attach your expense receipts or vendor invoices to the back of this sheet.

Place form in the basket or Treasurer folder in the PTA file cabinet within 30 days of expenditure.

E-Ma	il Address					
Telephone Number						
Requ	ested by (Signature)					
If ir	nmediate payment is require	ed or special circumstances apply, please	call the Trea	surer		
Check One: Request reimbursement (attach receipts) Request direct payment (attach vendor invoice) Request advance payment (attach vendor request/ contract)			Check One:Mail to requestorMail to vendorPut in school mailbox			
Date Vendor Description of Expense Subtotal Sales Tax Total (need sales tax info if payment is to vendor directly, if it is reimbursement only total is needed)						
TOTAL Payment Requested						
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