

## Request for Payment/Reimbursement

Date of Request

Amount of Request

**Pay to the order of:**

**Address:**

Phone:

Requested By: (if different from payable to)

**Committee Chair Approval**

Name: \_\_\_\_\_ Committee: \_\_\_\_\_

Please indicate budget category of expenditure:

- |  |   |
|--|---|
| <input type="checkbox"/> Awards                | <input type="checkbox"/> Programs           |
| <input type="checkbox"/> Book Fair             | <input type="checkbox"/> Reflections        |
| <input type="checkbox"/> Dances/Concessions    | <input type="checkbox"/> Staff Appreciation |
| <input type="checkbox"/> Eighth Grade Ceremony | <input type="checkbox"/> Membership         |
| <input type="checkbox"/> Eighth Grade Party    | <input type="checkbox"/> Fall Fundraiser    |
| <input type="checkbox"/> Golden Acorn Awards   | <input type="checkbox"/> Website and Email  |
| <input type="checkbox"/> Hospitality           | <input type="checkbox"/> Legislation        |
| <input type="checkbox"/> _____                 | <input type="checkbox"/> _____              |

**Treasurers Verification**

Receipts Attached: \_\_\_ Yes \_\_\_ No If no please explain: \_\_\_\_\_

Date Received	Date Issued	Check #	Amount

Executive Committee Endorsed By:

\_\_\_\_\_