

## Request For Payment

### Rock Creek Valley Elementary School PTA

Please make check payable to: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Committee/Activity: \_\_\_\_\_

Purpose: \_\_\_\_\_

Itemization of Expenses:

Account	Vendor	Description	Amount

Check Requested By: \_\_\_\_\_  
Signature & Date

Committee Chairperson's Approval: _____ Signature & Date	Officer's Approval: _____ Signature & Date
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**\*\*Original Receipts MUST be attached\*\***

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Paid by Check #: \_\_\_\_\_ Date: \_\_\_\_\_