



EISENHOWER PTSA PAYMENT REQUEST

Activity (Budget Account): _____

Amount of Purchase: _____

Description of Expense: _____

Make Check Payable To: _____

Phone #: _____

Method of Receiving Check:

1) Student Mail: Student Name: _____

Teachers Name: _____ Period: _____

2) Other (Mail To, ETC): _____

Attach invoices or receipts. (REQUIRED FOR PAYMENT)

Requested by: _____ Date Requested: _____

Committee Chair Signature: _____

For PTSA Treasurers Use Only:

Date Received: _____ Date Paid: _____

Check Amount: _____ Check Number: _____

This form enables the Treasurer to pay expenses correctly and is a record of our expenditures. It protects all of us, and must be completed for all payment requests.