

**PAYMENT REQUEST**

Memorial Middle School PTO

Please attach all **original** receipts and place completed form in the PTO mailbox (Notify Treasurer and President that form is in mailbox) or bring to a PTO meeting. Make a copy of form for your records. Please allow 10 business days for your check to be processed.

Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Name \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_

Project / Event / Account \_\_\_\_\_

Specific description of expenses (i.e. student rewards)

Reason (check one): ☐ Direct Purchase ☐ Invoice Payment ☐ Reimbursement

Check Payable To: \_\_\_\_\_

Choose one (if applicable):

☐ I will pick up check at next PTO meeting☐ Please mail check to this address\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Treasurer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For Treasurer's Use Only

Check # \_\_\_\_\_ Check Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Delivery Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Delivery Method: ☐ Personally ☐ PTO Meeting ☐ Mailed to address

Account / Budget Line: \_\_\_\_\_