



Request for Payment  
Potomac Elementary PTA

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

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_

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

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

**Itemization of Expenses**

Account	Vendor	Description	Amount

Check requested by: \_\_\_\_\_  
Signature & Date

Committee Chairperson's Approval:	Officer's Approval:
_____	_____
Signature & Date	Signature & Date



**Receipts must be attached**

