



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: _____
Signature & Date

Officer's Approval: _____
Signature & Date



Receipts must be attached

