

Bells Mill Elementary School PTA

Request for Payment

Please make check payable to: _____

Address: _____

Committee / Activity Account: _____

For the purpose of: _____

Attached are original receipts; including:

SOURCE / VENDOR	AMOUNT

Number of receipts attached: _____

Total Amount: \$ _____

Request Submitted by: _____ Date: _____

*Receipts **MUST** be attached!*

All requests for payment should be made within 30 days of the purchase/event.

Treasurer's Records:

Paid by Check No: _____ Date: _____

Account: _____