



SAN JUAN HILLS HIGH SCHOOL PTSA

Request for Payment



Requestor's Information:

Request Date _____

Name of Requestor _____

PTSA Position _____

Event or Assignment _____

Date of Event _____

Please describe nature of expense: _____

Check Information:

Amount \$

Make Check Payable to:

Method of Delivery (please check):

Mail to this address: _____

Hold for pick-up in PTSA mailbox

Other (please specify): _____

Supporting Documentation: (Please check)

Invoice attached

Receipt attached

Authorization Information:

Date Approved in Minutes _____

Secretary's Signature _____

President's Signature _____

Treasurer Use:

Approved Activity Funds Released Exec. Board approved expenditure

Date Paid _____ Check # _____ Budget Cat. _____ Warrant# _____