south pasadena middle school pta

WISH NIGHT REQUEST FOR PAYMENT

Complete this form, attach receipts or invoice, and then place in the PTA mailbox in the Teacher's Lounge.

CHECK PAYABLE TO:	**REQUESTED BY:**
Name:_____	Committee: _____
Address:_____	Event Title: _____
_____	Date(s) of Event:_____
City/State/Zip:_____	Contact Name: _____
_____	Contact Phone:_____
Phone: _____	Contact Email: _____
Email:_____	Signature: _____
All checks will be mailed unless otherwise requested.	

GIVE A DESCRIPTION OF ITEM, EVENT, LOCATION.
ATTACH AN ORIGINAL RECEIPT OR INVOICE, TAPED TO AN 8 1/2" x 11" PAGE.

Description:	**Quantity**	**Unit Cost**	**Total Cost**
		SUBTOTAL	
		TAX	
***GIFT CARDS CAN NOT BE REIMBURSED!**		**TOTAL**	

PTA OFFICERS' APPROVAL	**PTA TREASURER DATA ENTRY**
Budget Line Item:_____	Date Entered: _____
PTA President: _____Date:_____	Check Number: _____
PTA Treasurer: _____Date:_____	Entered by: _____
PTA Recording Secretary: _____Date:_____	

No payment will be made without an attached receipt or invoice

All receipts MUST BE taped to an 8 1/2" x 11" sheet of paper with reimbursable item(s) and amount(s) circled