

Croft Community School PTA REQUEST FOR PAYMENT VOUCHER

Date:	
Requested Amount:	
Requested By:	
Contact Number:	
Email Address:	
Make Check Payable To:	
Payment Delivery (listed below):	Complete one option only:
Send Home with Student: (student name, teacher name and grade)	
Mail To: (invoices only - attach invoice with mailing name and address)	
Committee Name:	
Name of Event / Activity:	
Description of Expense: (attach receipt(s) to back of request)	
Committee Chairperson Signature:	

PTA TREASURER USE ONLY

Check #:	
Check Amount:	
Sales Tax Amount: (only if Reimbursable)	
Date Paid:	
President Approval Signature:	
Treasurer Approval Signature:	