Check #_____

PTA of Willington Request for Payment

Date submitted_____Requested by _____

Pay to _____

Address (if new) _____

_____

BUDGET LINE ITEM	INVOICE	PURPOSE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total $_____

Clarifications:

$_____
Pre-approved Amount

_____
OFFICER/Co-Chair Signature

Special Handling:

Instructions:

Invoice:	Insert the date of purchase if there is no invoice number. Attach original invoices or sales receipts and/or any other documentation supporting the request.
Purpose:	A short explanation of the purchase; e.g. food, office supplies, paint, etc.
Pre-approved Amt.:	The authorized signer may sign the request prior to purchase and limit the amount to be spent.
Signature:	An e-mail from officer to the purchaser is acceptable. Attach a copy of email to the request. "Authorized signers", shall not be permitted to sign for their own purchases. For such purchases, the request must be signed by another appropriate "authorized signer" .
Clarifications:	Include any further information that will be helpful in understanding the Request for Payment.
Special Handling:	Include any instructions regarding check distribution or paperwork that needs to be attached to the check.
Submittal:	Submit this completed form and all related documentation to the treasurer.

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