

Moraine Elementary PTA Payment Request Form

Check Request

Reimbursement

Today's Date: _____

Name: _____

Committee: _____

Description of items:	Cost
Total Amount of Check:	

Check payable to: _____

* Please attach all order forms, receipts and/or invoices to this request.

* Checks will be issued within one week of receiving this request.

If payment is needed sooner, please contact Jennifer Jones at
treasurer@morainepta.org

* Place this request, with attached documentation, in the *Treasurer's folder*
located in the PTA mailbox inside the Moraine office. Thank you.

Treasurer use only:

Budget Line: _____ Check #: _____ Amount: _____

President's Authorization: _____