

# J.F. Dulles Elementary PTA

## Request For Payment

**Treasurer's Use Only**

Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount Paid : \_\_\_\_\_

Date Paid: \_\_\_\_\_

Delivery Method: Mail / Home / In Person

Reference/Invoice \_\_\_\_\_

Statement Date: \_\_\_\_\_

Date: \_\_\_\_\_

Budget Category: \_\_\_\_\_

Person Submitting Request: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please attach ORIGINAL receipts and invoices**

Description and Itemization	Amount
<b>Total</b>	

Make Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_