VANDERBILT PTA
REQUEST FOR PAYMENT

All Requests MUST be made within 14 days!

Individual requesting payment_____

Date of Request_____

Dollar Amount $_____

Nature of Expenditure:_____

Make check payable to:_____

Send check home with:

    Child Name _____ **Class** _____

Mail check direct to vendor: _____

                                        _____

                                        _____

A RECEIPT or appropriate documentation MUST accompany this form!

_____   _____
Signature of requestor   **Approved by**

Treasurer:

What category does this expense come under: _____

Date paid _____/_____/_____   **Check #** _____

Request Type: Hardcopy _____   Text/eMail _____