PAYMENT REQUEST FORM

Please include all receipts or invoices with this form. **REIMBURSEMENTS WILL BE MADE WITHIN 30 DAYS OF REQUEST.**

Whittier PTA Treasurer 1320 NW 75th Street Seattle, WA 98117 treasurer@whittierptaseattle.org

Date: _____

Requestor's Name: _____

Amount: _____

Make Check Payable To: _____

Explanation/Details of Expense: _____

Check Delivery Instructions:

O Mail to vendor per invoice

O Hand off to me or mail to me at:

Budget Line Item:

O 5100 Annual Give	O 6750 Fall Festival
O 5200 Spring Fling	O 6800 Global Reading Challenge
O 5500 Move-a-Thon	O 6850 Family Events (Mariners Game)
O 5600 Book Fair	O 7250 Funding Proposals
O 6150 Art Walk	O 7350 Hospitality
O 6250 Field Day	O 7500 Safety Patrol
O 6300 5th Grade Graduation (Hospitality)	O 7750 Wildcats Read
O 6350 Ice Skating	O 8860 Maker Space in Library
O 6450 Family Nights & Community Events	O 9100 Outreach
O 6520 EDI	O 9250 Programs
O 6550 Reflections Art Contest	O Other
O 6700 Staff Appreciation (Hospitality)	

