

# TPES-PTA

## Request for Payment

(Request for check in advance for an upcoming event)

To: The TPES-PTA      From: \_\_\_\_\_

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

Please pay: \_\_\_\_\_  
(Name of person or Organization)

Social Security or Tax ID #: \_\_\_\_\_  
(please supply this info if not already on file with the PTA)

Amount: \$ \_\_\_\_\_      Activity: \_\_\_\_\_      Purpose: \_\_\_\_\_

### Itemization of Expenses:

Item	Vendor	Description	Amount

**Please note:** All check requests for advance payment must be accompanied with an invoice.

Please send check to:

- PTA Mail box       Mail to the address given below       Send in my child's Dolphin Folder

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Please give your e-mail / phone number below for contact purposes:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Principal required here if requested by staff member

Mrs Zadia T. Gadsden  
Printed Name

Name of PTA President: \_\_\_\_\_      Signature of PTA President: \_\_\_\_\_

To be filled by PTA Treasurer below:

Paid by Check No: \_\_\_\_\_      Date: \_\_\_\_\_