

Rolling Hills Middle School PTA Request for Payment Form

- Please make sure to fill out all information (i.e., date, payable to, amount, purpose and budget category).
- Attach ORIGINAL receipt(s).
- Requests from teachers to be applied to their Classroom Funds requires the principal's approval in the space provided below.
- Requests for payment must be made at least 14 days (2 weeks) before payment is needed. The PTA box is only checked once or twice a week.

Date: _____

Payable to: _____

Amount: \$ _____

Purpose: _____

Principal's Signature (for Classroom Funds only): _____

Method of Delivery (check one): School pick up U.S. Mail Teacher Box

Address:
Street: _____ Apt.: _____

City: _____ Zip: _____

Phone: _____ E-mail: _____

Budget Categories:

- | | |
|--|--|
| <input type="checkbox"/> 5 th Gr Colonial Day | <input type="checkbox"/> Teacher Classroom Fund |
| <input type="checkbox"/> 6 th Gr. Ancient Day | <input type="checkbox"/> Read 1 Million Program |
| <input type="checkbox"/> 7 th Gr. Renaissance Day | <input type="checkbox"/> Magazine Sale |
| <input type="checkbox"/> 8 th Gr. Career Day | <input type="checkbox"/> Math Competition |
| <input type="checkbox"/> PTA Operating Fund | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Other (explain on back) |

For Treasurer Use Only:

Date of Payment: _____ Amount: \$ _____

Check Number: _____ Add'l Info _____