

**Hope PTA  
Request for Payment Form  
2014-2015**

**Committee / Event:** \_\_\_\_\_

**Chairperson:** \_\_\_\_\_  
name phone/email

**Co-Chairperson:** \_\_\_\_\_  
name phone/email

**E-Board Contact:** \_\_\_\_\_  
name phone/email

<i>Vendor</i>	<i>Expense</i>	<i>Amount</i>

**Requested by:** \_\_\_\_\_  
Requester's Signature Date

**Approved by:** \_\_\_\_\_  
PTA President Date

**Approved by:** \_\_\_\_\_  
PTA Treasurer Date

<b>For Treasurer's Use Only</b>	
<b>Amount of Check:</b>	\$ _____
<b>Check #</b>	_____
<b>Date:</b>	_____