Ravensworth PTA
2018-19 PTA Payment Request

2018-19 Treasurer: Amy O'Connor, 5614 Sedgwick Lane, Springfield, VA 22151
E-Mail: treasurer@ravensworthpta.org Phone: 703-321-8787

PLEASE COMPLETE AND SUBMIT THE FOLLOWING:

Requestor's Name: _____

Phone # or EMAIL: _____

Date: _____

Purpose of Expense and/or Budget Account Name:
_____

TYPE OF PAYMENT REQUESTED:

☐ Reimbursement — Attach original receipts. All reimbursements must have receipts. Payment request must be submitted within 30 days of expenditure.

☐ Direct Payment to Vendor — Attach original invoice or contract.

CHECK INSTRUCTIONS:

Check Payable To: _____

Mail Check To:

Name: _____

Street: _____

City, State, Zip: _____

DESCRIPTION OF EXPENSE(S):

Date:	Description	Amount
	Total:	

For use by Treasurer

Check Number: _____ Date: _____Expense Category: _____

Verified by: _____Treasurer: _____

ALL PTA RECORDS AUDITED ON AN ANNUAL BASIS