

REQUISITION FOR PAYMENT

Worthington Park PTA

Date: _____ Amount: _____

Make Check Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Service or items this request covers: _____

Committee/Officer Receiving Request: _____

Signature: _____

Attach any original receipts, invoices or other documentation to substantiate the request. Note: Sales tax will not be reimbursed.

FOR TREASURER USE ONLY:

Date Paid: _____ Amount Paid: _____ Check #: _____

Budget Line References: _____