

## Saratoga High School PTSO Request for Payment Form 2018-2019

(Please leave filled form in the PTSO box in the school office)

Date \_\_\_\_\_

Requester Name \_\_\_\_\_ Requester Email \_\_\_\_\_

Payee Name \_\_\_\_\_ Payee Email \_\_\_\_\_

Payee Address (if mailed) \_\_\_\_\_

Itemized List *(Please circle the total amount to be reimbursed on each receipt and staple all receipts to this form.)*

| Date | Amount | Item | Spent for |
|------|--------|------|-----------|
|      | \$     |      |           |
|      | \$     |      |           |
|      | \$     |      |           |
|      | \$     |      |           |
|      | \$     |      |           |
|      | \$     |      |           |

Total Amount: \$ \_\_\_\_\_

**Treasurer use only:**

Date paid: \_\_\_\_\_ Check number: \_\_\_\_\_

Budget Category: \_\_\_\_\_

Board Approved or Ratified date: \_\_\_\_\_

Disposition of check: Mailed: \_\_\_\_\_ Pick Up: \_\_\_\_\_ Other: \_\_\_\_\_