

Saratoga High School PTSO Request for Payment Form 2019-2020

(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: _____