

Saratoga High School PTSO

REQUEST FOR PAYMENT

(Please leave in PTSO box in the school office or mail to Sushama Thakker, 18892 Woodleigh Ct., Saratoga)

Pay to: _____ Total Amount: \$_____

Address: _____ Date_____

Phone#: _____

E-mail address: _____

Items:	For:	Amount: \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please circle the total amount to be reimbursed on each receipt and staple the receipts to this sheet.

Treasurer use only:

Date paid: _____ Check number: _____

Budget Category: _____

Board Approved or Ratified date: _____

Disposition of check: Mailed: _____
Pick Up: _____
Other: _____