

REQUEST FOR PAYMENT

Check Payable To: _____

Date of Request: ____/____/____

Individual Requesting Payment: _____

Nature of Expenditure: _____

Amount: \$ _____

*A **RECEIPT** or appropriate documentation **MUST** accompany this form; without such, a reimbursement will not be issued

*Tax should not be incurred at time of purchase and therefore will not be reimbursed

Signature of Requestor

Approved (Pres. or Board Member)

CATEGORY OF EXPENSES

General Administrative Expenses

5th grade
Arts in Education
Bank Fees/ NSF
Beautification
Citizenship Awards
Council Donations
Council Dues
Curriculum Night
Eating the Rainbow
Fall Festival
Field Day
Founders Day
Health & Safety
Historian
Hospitality
Installation Luncheon
Insurance

Leadership Training
Lunchtime Fun Fund
Membership Outreach
Misc. Expenses
Office Supplies
PARP
Postage
Printing (flyers, postage)
Professional Fees
Safe Halloween
Staff Recognition
Sunshine
Unity Fair
Wingo
Wish List
Yearbook & Journal Ads
Other _____

Fundraising Expenses

Book Fair(s)
Gift Wrap
Holiday Boutique
KidsStuff
Lunch Sales
Original Works
Outings and Events
Paumanok Night Out
Photo Day
Pies
School Toolbox
Spiritwear
Spring Boutique/Plant
Year Book
Membership
Other _____

do not write below this line

Date Paid ____/____/____

Check# _____ QB ____