

# OTSEGO PTA –REQUEST FOR PAYMENT (RFP)2017-2018

For Treasurer's Use: Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Individual requesting payment: \_\_\_\_\_

Email address of individual: \_\_\_\_\_

Name/Class of Child (for check disbursement): \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ TOTAL OF ALL RECEIPTS LISTED: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

**List all receipts for ONE Committee/Event/Budget Line on ONE line.**

Committee/Event Name/ Budget Line		TOTAL of Receipt(s) #1:	
Committee/Event Name/ Budget Line		TOTAL of Receipt(s) #2:	
Committee/Event Name/ Budget Line		TOTAL of Receipt(s) #3:	
Committee/Event Name/ Budget Line		TOTAL of Receipt(s) #4:	
Committee/Event Name/ Budget Line		TOTAL of Receipt(s) #5:	
Committee/Event Name/ Budget Line		TOTAL of Receipt(s) #6:	
Committee/Event Name/ Budget Line		TOTAL of Receipt(s) #7:	
Committee/Event Name/ Budget Line		TOTAL of Receipt(s) #8:	
<b>TOTAL</b>			

Special instructions (i.e. mail to vendor, distribute at event, etc., if it needs to be mailed please write address on lines below:

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\*\*\*\*ALL RECEIPTS or INVOICES MUST BE STAPLED TO THE BACK OF THIS RFP\*\*\*\*