



**REQUEST FOR PAYMENT  
Beverly Farms PTA**

Please make check payable to:

\_\_\_\_\_

Amount:

Date:

\_\_\_\_\_

Committee/Activity:

\_\_\_\_\_

Purpose:

\_\_\_\_\_

Check requested by:

\_\_\_\_\_

Itemization of Expenses

Account	Vendor	Description	Amount

**[PLEASE NOTE: RECEIPTS MUST BE ATTACHED]**

Committee Chairperson's Approval

Officer's Approval

Signature & Date

Signature & Date

Paid by Check #:

Date:

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