

PENNWOOD PTO REQUEST FOR PAYMENT (RFP)

DATE: _____

NAME OF PERSON MAKING REQUEST/ COMMITTEE: _____

REASON FOR REIMBURSEMENT: _____

PHONE NUMBER OF PERSON MAKING REQUEST: _____

AMOUNT: \$ _____

ADDRESS OF CHECK RECIPIENT: _____ (check
will be sent via mail)

**BE SURE TO ATTACH YOUR ITEMIZED RECEIPT TO
THIS FORM.**

Submit to PTO TREASURER (Corri Workman, corri.workman@gmail.com) via the PTO
mailbox in the main office.

FOR TREASURER'S USE ONLY:

Check Date: _____ Check Number: _____

Expense Type: _____