

**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.**

PTO TREASURER: Lisa Zawacki (215) 962-0452 [lzawacki@outlook.com](mailto:lzawacki@outlook.com)

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FOR TREASURER'S USE ONLY:

Check Date: \_\_\_\_\_ Check Number: \_\_\_\_\_

Expense Type: \_\_\_\_\_

Cross Reference: \_\_\_\_\_