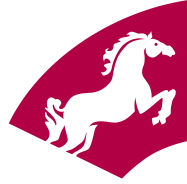


PTSA
Horace Mann Elementary

Attach receipts here (on back)



REQUEST FOR PAYMENT

*Please note: The Treasurer(s) and President(s) will review all requests.
Requests not previously approved in the Budget will be reviewed by the Board of Directors.*

Name of person :

Date: _____

Pay to (if different from above): _____

Committee or Office: _____

Return check by:

- Kid Mail – Child, Teacher _____
- PTSA File
- Staff Box
- US Mail – (Provide Address)

Total Amount Requested: \$ _____

Please attach receipts where indicated. Payment will not be issued without receipts.

Use of funds (please itemize and include tax):

Please do not write below this line

Approved By _____ Total Paid _____

Check Number _____ Date Paid _____