

**TOMLINSON MIDDLE SCHOOL PTA
PAYMENT REQUEST FORM**

Date: _____ Requested by: _____

Committee/Budget Line Item: _____

Description of Expense: _____

Amount: _____ Payable To: _____

Mailing Address for Check:

Committee Chairperson Approval: _____

VP for Committee Approval: _____

President/President-Elect Approval: _____

Please send this form and your receipts to Tausif Churyk, PTA Treasurer c/o Tomlinson Middle School Office pta.email.tausif@gmail.com

FOR TREASURER'S USE ONLY

Check Number: _____

Date Issued: _____

Check Amount: _____