RAVENSWORTH PTA PAYMENT REQUEST

2011-2012 Treasurer Michelle Scofield5416 Inverchapel rd Springfield, VA 22151
(571) 282 4474 or MLSCOFIELD@hotmail.com

Requestor's Name:_____ **Date:**_____

Phone number or e-mail:_____

Purpose of Expense:_____

Type of Payment

- **Reimbursement:** Attach original invoice or receipts. All reimbursements must have receipts attached. Payment requests need to be turned in within 30 days of expenditure.
- **Direct Payment:**

  Check payable to:_____

  Mail check to:_____

  Street:_____

  City, State, Zip_____

Date	Description	Amount
	Total	

For use by Treasurer :

Check number:_____Expense Category:_____Date:_____