

Bell Graham PTO Request for Payment

Today's Date _____

Name _____

Name of Committee/Event _____

Date of Event: _____

Checks will be mailed from Chase Bank to the address below. Requests will be processed on the 15th and 30th of each month. Checks issued to staff members will be mailed to Bell-Graham.

<input type="checkbox"/>	<small>Please check this box if you would rather receive an online payment through Zelle/QuickPay. Please include phone and/or email linked to Zelle below.</small>
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- Sales tax will not be reimbursed.
- The PTO does not reimburse gift card purchases.
- Please attach all documentation including original receipts/ invoices to this form.

Description of payment request _____

Total cost _____

Paid to the order of: _____

Address _____

_____ Pho

ne _____ E-mail _____

Please put completed forms in the PTO Treasurer's box in the Bell Graham office, Thank you.

Treasurer: Holly Gerhart holjod99@yahoo.com 630-347-0101

Committee Chair Approval _____ Date _____

PTO Treasurer's Approval _____ Date paid _____

Notes: