

**PAYMENT REQUEST FORM**  
2015-2016 School Year

WHITE OAKS ELEMENTARY PTA  
6130 Shiplett Blvd., Burke, VA 22015

**ITEMIZED ORIGINAL RECEIPTS must accompany payment request.**

<b>EVENT/ACTIVITY:</b>	
<b>Date(s) of Expenditure(s):</b>	<b>Amount Requested:</b>
Please provide detailed information regarding expenditures. Attach additional sheets if necessary.	
<b>Payee's Name:</b>	
<b>Payee's Address:</b>	
<b>Signature of Requester:</b>	
<b>Print Name of Requester:</b>	
<b>Requester Contact Phone Number:</b>	
<b>Requester Email Address:</b>	

***This Section For PTA Use Only***  
**DO NOT WRITE BELOW THIS LINE**

<b>Method of Delivery:</b> <input type="checkbox"/> Mailed <input type="checkbox"/> Hand Delivered	<b>Budget Category:</b>
<b>Date:</b>	
<b>Treasurer Notations: (Identify any differences between request and payment.)</b>	