HAVERFORD MIDDLE SCHOOL PTO REQUEST FOR PAYMENT FORM

DATE:	
AMOUNT TO BE PAID:	
CHECK SHOULD BE MADE PAYABLE TO (PAYE	E):
NAME	
ADDRESS	
	CHECK ONE BELOW FOR METHOD OF DELIVERY OF PAYMENT
MAIL CHECK TO PAYEE AT ADDRESS ABOVE	
RETURN CHECK TO REQUESTOR AT HMS MAILBOX	
OTHER METHOD OF DELIVERY	
PTO FUNCTION OR COMMITTEE? (IF SO, NAME	OF FUNCTION OR COMMITTEEEX, SCHOOL
STORE, HOSPITALITY, PICNIC, HALLOWEEN PA	ARTY, ETC) OTHERWISE WRITE REASON FOR REQUEST.
RECEIPTS ATTACHED? (CIRCLE) YES NO	(IF NO, EXPLAIN)
SIGNATURE OF REQUESTOR.	
SIGNATURE OF REQUESTOR:	
DDINTED NAME OF DECUESTOR.	
PRINTED NAME OF REQUESTOR:	
PHONE NUMBER OF REQUESTOR:	
TEACHERS ONLY: PRINCIPAL'S APPROVAL, IF REQUIRED:	
* *	
PLEASE PLACE COMPLETED FORM, ALONG W	ITH RECEIPTS, IN AN ENVELOPE ADDRESSED TO
THE HMS PTO TREASURER IN THE PTO MAILBOX IN THE HMS MAIN OFFICE. IF A CHECK IS NEEDED	
IMMEDIATELY, PLEASE FOLLOW PAYMENT INSTRUCTIONS.	
TREASURER'S USE ONLY:	
CHECK#	
DATE OF CHECK:	
DUDGET CATECODY:	