



Cold Spring Elementary School PTA Request for Payment

Date: _____

Make check payable to: _____

Address of payee: _____

Amount: _____

Committee/Activity: _____

Purpose: _____

Requested by: _____
Print Name **Signature** **Date**

Approved by: _____
Print Name/Title **Signature** **Date**

RECEIPT(S) MUST BE ATTACHED.

Check No.:	Check Amount: \$
Check Date:	Payee: