

HAZEL GROVE PTA  
REQUEST FOR PAYMENT FORM  
(Please fill out for ALL requests)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Person to whom check should be issued)

Request made by: \_\_\_\_\_

(If different from person listed above)

Item(s) purchased (please attach receipts): \_\_\_\_\_

Committee/budget item: \_\_\_\_\_ Amount requested: \_\_\_\_\_

Child's name: \_\_\_\_\_ Child's teacher: \_\_\_\_\_

Chairperson/officer approval signature: \_\_\_\_\_

**(For Treasurer's use only)**

Check #:	Amount:	Date:
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