

**West Valley Parent Teacher Association
2005/2006 PAYMENT REQUEST FORM**

Complete all items. Use (1) claim form for each category of expenses. Expenses from the same category may be grouped together. Obtain approval signature

Check payable to: _____

Check to be: _____ Placed in mail slot at school: Name _____
 _____ Sent via student; Name _____ Room # _____
 _____ Mailed; **addressed and stamped envelope provided.**
 _____ Mailed to vendor at the following address: _____

Category of Expense to be charged. Check one:

- | | |
|--|---------------------------------|
| _____ Emergency Preparation | _____ Equipment/Capital Expense |
| _____ Exploration Day | _____ Hospitality |
| _____ Library/Media Center | _____ Music (primary) |
| _____ Natural Science | _____ Office Supplies |
| _____ Open House/Pizza Social | _____ PTA Membership |
| _____ Reading Program (Books and Beyond) | _____ Safety/Valet |
| _____ Service Awards | _____ School Spirit |
| _____ Technology | _____ Walk to School |
| _____ Yearbook | _____ Officer's Expense |
- _____ Room Parents Room # _____
 _____ Other (specify)

LIST ALL ITEMS AND EXACT AMOUNTS:

ITEM	AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
TOTAL AMOUNT OF CLAIM/PAYMENT REQUEST	_____

_____ Requestor's Signature	_____ Committee	_____ Date	_____ Phone #
_____ Chairperson Signature		_____ Date	

PTA USE ONLY		
Check # _____	Date _____	Initials _____