

SETAUKET PTA

Vendor Payment Request

Use for payments made directly to a vendor. Attach the invoice.

Requested by

Date

Event / budget category

PAYMENT DETAILS

Check payable to

Payment amount (\$)

Payment due date

Mailing address (if check should be mailed)

Purpose / special instructions (optional)

APPROVAL

President approval confirms this is an authorized PTA expense.

President signature

Date

TREASURER'S USE ONLY

Check #: _____

Check date: _____

Mailed / delivered: _____