

# MIRAMONTE HIGH SCHOOL PARENTS' CLUB REQUEST FOR PAYMENT OF EXPENSES

Requested by: Name: \_\_\_\_\_

Club Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: Requested: \_\_\_\_\_ Needed: \_\_\_\_\_

Payable To: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Payee email address (REQUIRED): \_\_\_\_\_

Description of Expense: \_\_\_\_\_

Budget item to be charged: \_\_\_\_\_

(e.g., Career Center, Speech Club, Yearbook Ad, etc...- Please refer to PC Budget)

Total amount requested: \$ \_\_\_\_\_

**Please attach the appropriate invoice(s), purchase order(s), and/or receipts to support payment. Also, please submit a separate request form for each check requested.**

Send request for payment to: Treasurer, Miramonte High School Parents Club  
Attention: Jessica Kelly  
P.O. Box 171  
Orinda, CA 94563

E-mail: [Treasurer@mhspc.org](mailto:Treasurer@mhspc.org)

\*\*\*PLEASE ALLOW UP TO 2 WEEKS FOR CHECK TO BE RECEIVED\*\*\*

Call email for urgent requests.