

# REQUEST FOR PAYMENT

## Sabin School PTA

4013 NE 18<sup>th</sup> Ave

Portland, OR 97212

[sabinptapresident@gmail.com](mailto:sabinptapresident@gmail.com)

[www.sabinpta.com](http://www.sabinpta.com)



Today's Date: \_\_\_\_\_ Date of Event/Expenditure: \_\_\_\_\_

Person submitting this form: \_\_\_\_\_

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

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

BUDGET CATEGORY: (you must check one)

\_\_\_\_\_ IB Program Support

\_\_\_\_\_ Sun School / IRCO

\_\_\_\_\_ PTA programs (community/academic/other events): Please describe \_\_\_\_\_

\_\_\_\_\_ Other: Please describe \_\_\_\_\_

PAYMENT TYPE: (you must check one)

\_\_\_\_\_ Direct Payment to Vendor (attach copies of invoice)

\_\_\_\_\_ Reimbursement to Individual (attach all receipts)

Check payable to: \_\_\_\_\_ Amount of check: \$ \_\_\_\_\_

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

\_\_\_\_\_

**\*ALL REQUESTS FOR PAYMENT MUST HAVE ALL INVOICES OR RECEIPTS ATTACHED  
PRIOR TO SUBMISSION.\***

Please e-mail [sabinptapresident@gmail.com](mailto:sabinptapresident@gmail.com) with questions or concerns.