RIDGE ROAD MIDDLE SCHOOL

REQUEST FOR PAYMENT VOUCHER

Date: _____

Requested Amount: _____

Requested by: _____

Make Check Payable to: _____

Committee/Dept. Name:

_____

Name of Event/Activity: _____

Description of Expense: _____

(attach receipts or invoice) _____

_____

_____

Principal or PTSA Officer Approval Signature: _____

PTSA Treasurer Use:

Check #: _____

Check Amount: _____

Sales Tax Amount: _____

Date Paid: _____

President Approval: _____

Treasurer Approval: _____

Quickbooks: _____

Detailed description below of how this activity/expense will directly benefit our students: