



PAYMENT REQUEST FORM

Emory H. Markle Intermediate School PTO

225 Bowman Road
Hanover, PA 17331

Date:

Submitted by:

Phone #:

Make check payable to:

Submit completed form to:
Cindy Helms, PTO Treasurer
PTO mailbox (EHMIS office) or
447 El Vista Drive
Hanover, PA 17331
717-476-0129

Address:

Invoice	Date	Vendor Name	Budgeted Expense Category	Amount	Totals
SAMPLE	1/2/2009	Dollar Tree	Hospitality	\$ 5.00	SAMPLE
1				\$	\$
2				\$	\$
3				\$	\$
4				\$	\$
5				\$	\$
6				\$	\$
7				\$	\$
8				\$	\$
				Subtotal	\$
			Amount of Check to be Written		\$

1. Attach original or copy of invoice, receipt, or contract.
2. Complete the top section of form including name and address of payee and name and phone number of person submitting form.
3. Complete a line item for each attached invoice including the date of purchase, name of vendor, amount, and category (ex. Communications, Spring Fling, etc..).
4. Address all questions to: Cindy Helms (cindy.helms@comcast.net) , 717-476-0129.

NOTES:

Do Not Write Below This Line. PTO Use Only

Paid by Check #:

Posted: