

Gateway Middle School PTSA 7.3.72

Payment Request

Payee _____

Date _____

Expenses

Budget Line Item/Activity	Amount
1 _____	
2 _____	
3 _____	
4 _____	
5 _____	

Total Amount _____

Method of Receiving Check

1. Student Mail

Student's Name _____

Block Teacher's Name _____

2 PTSA Mailbox _____

3 US Mail

Address _____

Please attach all receipts/invoices to the back of this form. Leave in the Treasurer's mailbox.