

Miami Palmetto Sr. High School PTSA  
Check/Payment Requisition

\_\_\_\_\_ (For Treasurer use- Check #)

Date submitted: \_\_\_\_\_

Payable to: \_\_\_\_\_

\_\_\_\_\_ (address if to be mailed)

\_\_\_\_\_

\_\_\_\_\_

Receipts attached: Y / N    \_\_\_ Invoice to be paid    Amount: \_\_\_\_\_

Explanation/Description: \_\_\_\_\_

\_\_\_\_\_

BUDGET ACCOUNT: \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_

signature

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

print name

\*\*\*\*\*

Date PAID: \_\_\_\_\_ Check # \_\_\_\_\_

Approved & processed: \_\_\_\_\_ (Treasurer initials or signature)