



Odessa Kilpatrick  
Elementary

PTA

Payment  
Request

*Our Vision: Every child's potential is a reality*

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Person Requesting: \_\_\_\_\_

Requester Cell #: \_\_\_\_\_

Description: \_\_\_\_\_

Budget Category (s): \_\_\_\_\_

Make check to:

Payee: \_\_\_\_\_

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

**\*Please itemize bills and attach all receipts to this form\***

Budget	Description	Amount
TOTAL		

Submitted by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date paid: \_\_\_\_\_ Check #: \_\_\_\_\_