

REQUEST FOR PAYMENT

Sabin School PTA
4013 NE 18th Ave
Portland, OR 97212
info@sabinpta.com
www.sabinpta.com

Today's Date: _____ Date of Event/Expenditure: _____

Person submitting this form: _____

Email Address: _____

Phone Number: _____

BUDGET CATEGORY: (you must check one)

- IB Program Support
 Sun School / IRCO
 PTA programs (community/academic/other events): Please describe _____
 Other: Please describe _____

PAYMENT TYPE: (you must check one)

- Direct Payment to Vendor (attach copies of invoice)
 Reimbursement to Individual (attach all receipts)

Check payable to: _____ Amount of check: _____

Delivery Address: _____

ALL REQUESTS FOR PAYMENT MUST HAVE ALL INVOICES OR RECEIPTS ATTACHED
PRIOR TO SUBMISSION.

Please e-mail info@sabinpta.com with questions or concerns