

**Half Hollow Hills PTA Council
Request For Payment**

Individual Requesting Payment: _____

Date of Request: _____

Dollar Amount: _____

Make Check Payable to: _____

Nature of Expenditure: _____

A Receipt or Appropriate Document must accompany this form.

Category of Expense

| | |
|-------------------------------|-------------------------------------|
| Bulletin Board | Postage & Supplies |
| Publications | Council Committees |
| Meet the Candidate | Workshops & Seminars |
| Legislation Committee | HHH PTA Website |
| Meetings & Programs | Accountant |
| Convention | Hospitality |
| Unity Fair Arts & Ed | Legislative Brunch |
| Task Force | PRC |
| Unity Fair | Peaceful Playground |
| Health & Wellness Fair | President/Principal Dinner |
| Cross District Student Social | Special Education |
| HHHPTA Community Event | Dancing With The Faculty Fundraiser |
| Founder's Day Fundraiser | Scholarships |
| Other | |

Date Paid: _____

Check #: _____