

**Westlake High School PTSA  
Request for Payment**

**Original or scanned receipts or invoices must be included with this form and detailed below.**

| Requested by: |       |
|---------------|-------|
| Name:         | _____ |
| Address:      | _____ |
| Phone:        | _____ |
| E-mail:       | _____ |

| Check one:                                       |       |
|--|-------|
| Pick up at next PTSA meeting                     | _____ |
| Mail in attached self-addressed stamped envelope | _____ |

| Payable to: (if different than requested by) |  |
|--|--|
|  |  |

**Committee or Event Name:** \_\_\_\_\_

| Place of Purchase - list each place separately | Items Purchased - list separately | Amount:<br>(minus sales tax) |
|--|-----------------------------------|------------------------------|
|  |                                   | \$ -                         |
|  |                                   | \$ -                         |
|  |                                   | \$ -                         |
|  |                                   | \$ -                         |
|  |                                   | \$ -                         |
|  |                                   | \$ -                         |
|  |                                   | \$ -                         |
|  |                                   | \$ -                         |
|  |                                   | \$ -                         |
|  |                                   | \$ -                         |

|  |                                |      |
|--|--------------------------------|------|
| <b>IRS Tax Exempt Number: 23-7256980</b> | <b>Total Due to Requestor:</b> | \$ - |
|--|--------------------------------|------|

**Note:**

Sales tax is NOT reimbursed.  
Use the Blanket Exemption Certificate to avoid paying sales tax on purchases.

**Requestor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Treasurer Use Only**

Committee Budget:           \$           -

Budget Used to Date:       \$           -

Budget Used w/This Payment: \$           -

Budget Remaining:         \$           -

Check #:                     \_\_\_\_\_

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

Budget Line Charged:       \_\_\_\_\_

Treasurer Initials: \_\_\_\_\_