

**Panther Partners of Culver City Middle School
Payment Request Form**

IN THE AMOUNT OF \$ _____ DATE _____
SUBMITTED BY _____
GROUP NAME OR SPORT _____
APPLY TO THIS FINANCIAL ACCOUNT _____
CONTACT PHONE NUMBER & EMAIL _____

This request is for:

___ Referee fee Which sport? _____ Date of game _____
(attach a signed referee payment form or copy of cancelled check)

___ An Advance on the following approved budgeted expense: _____

___ An Expense reimbursement for the following approved budget item:
(attach original receipts and an itemized list of expenses and cancelled check
along with the purchase order of items received. Use expense reimbursement
form if more than one receipt.)

___ Payment of an invoice or bill directly related to the following budget item
MUST ATTACH ORIGINAL INVOICE OR ORDER FORM

Make Check payable to: _____
Mail or deliver check to: _____ name
_____ address
_____ city/state/zip

___ Pick up the check from Lelah Pealer.

Signature of Chairperson or Department Head date

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PAYMENT AUTHORIZATION SECTION

Approved by:

PPCCMS Financial Secretary signature

PPCCMS Treasurer's signature

For PPCCMS Treasurer's use:

___ Budgeted expenditure
___ Executive Board approved expenditure
___ funds released by vote at meeting date _____

President Initials _____