

**Payment Request Form (Payment to vendors/suppliers)**  
**Ronald Reagan Home & School Association Inc.**



**RONALD REAGAN ELEMENTARY  
HOME & SCHOOL ASSOCIATION**

*Soaring high together for our kids and families*

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

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

***Please attach the invoice and contract, if applicable. \*Requests without the invoice will not be paid.***

Company Name: \_\_\_\_\_

Company Address (if not listed on invoice): \_\_\_\_\_

Amount to be paid: \_\_\_\_\_ Deposit Pay In Full

Payment Due Date: \_\_\_\_\_ Invoice Number/Date (if listed): \_\_\_\_\_

Description of goods/services provided: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

*If the request is being submitted by the RRHSA President or Treasurer, please provide additional approval prior to submission.*

\_\_\_\_\_  
*Vice-President*

\_\_\_\_\_  
*Secretary*

*For Treasurer's Use Only*

Pay Date: \_\_\_\_\_ Check #: \_\_\_\_\_

Account Debited: \_\_\_\_\_

Notes: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

Reconciled: Yes No Reconciled Date: \_\_\_\_\_