

# Valley Road School PTA • Clark, NJ

## Chairperson Payment Request

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Please complete & submit original to Treasurer and retain a copy in Committee folder.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

PAYEE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_

\_\_\_\_\_

### **ATTACH ALL RECIEPTS/INVOICES**

If you have any questions regarding this form, please feel free to contact me:

(Cell) 908.403.8885 or via email [michellechesney1@gmail.com](mailto:michellechesney1@gmail.com)

Sincerely,

*Michelle Chesney*, Valley Road School PTA Treasurer