



## Payment Request

Person Requesting Payment \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Event or Assignment \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Date Request by \_\_\_\_\_

*IRS Form W-9 required for payment of services greater than \$600 to non-corporate entities (excludes reimbursements)*

Description of Request: \_\_\_\_\_

\_\_\_\_\_

### Write Check To

Name of Person or Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Funds will be paid either directly to the material supplier or as a reimbursement.

- For direct payment to supplier, please provide an invoice or purchase order
- For reimbursement, please provide an original receipt showing payment for the materials.

### Approvals - Separate Funds held for Teams, Booster Clubs or Teachers

*Up to \$200 approval by two, \$200 and more approval of all*

\_\_\_\_\_  
Team, Booster or Department Chair      PHS Principal      PHF Chair or Vice Chair

### Approvals - Foundation General Funds

*Up to \$400 approval by two, \$400 or more requires approval by Board motion on \_\_\_\_\_*

\_\_\_\_\_  
Treasurer      PHF Chair or Vice Chair

### Approvals - Alumni Funds

*Up to \$400 approval by two, \$400 or more requires approval by Board motion on \_\_\_\_\_*

\_\_\_\_\_  
Treasurer      PHF Chair or Vice Chair      Alumni President

*Please scan and email to [treasurer@powayhighfoundation.org](mailto:treasurer@powayhighfoundation.org)*