



BFA PTO PAYMENT REQUEST FORM

PAYMENT TYPE BEING REQUESTED (please select one):

VENDOR PAYMENT
 REIMBURSEMENT

PAYEE NAME: _____

ADDRESS: _____

PURCHASE DATE	DESCRIPTION (Please Explain What was Purchased and Why)	\$\$ AMOUNT

TOTAL: _____

SUPPORTING DOCUMENTS ATTACHED (please circle all applicable):

Invoice Contract Receipt(s) Other: _____
(if other, please explain)

Requestor Signature: _____ **Date:** _____

PTO APPROVAL PROCESS: **Date Received:** _____

* **PTO Officer 1 - Sign & Date**
PTO Officer 2 - Sign & Date

Payment Method: _____ **Date Sent:** _____

** PTO Officer 1 should be the budget owner for this purchase.*