

# Invoice Payment Request Form

**Form Instructions.** Please submit the following to treasurer@colfaxpto.org within 30 days from which the invoice received. 1) completed form below with 2) all corresponding invoices totalling the payment amount requested. To complete the form, please fill out the gold shaded boxes below.

We cannot process payment without appropriate invoices. Invoices must contain the minimum information: 1) seller's full business name, contact information (physical address, phone number, and/or e-mail); 2) description of goods sold / services provided; 3) price and mode of payment; 4) date of purchase / service. You can expect payment within two weeks of our receipt of your completed packet. Please contact us at treasurer@colfaxpto.org with any questions or concerns about this process.

<b>*PAYMENT OPTION</b>		<b>*PAYMENT AMOUNT:</b>
<i>(this information should be provided directly on the invoice)</i>		
<b>*YOUR NAME (PTO Member):</b>		<b>*YOUR EMAIL</b>
<i>(Last Name)</i>	<i>(First Name)</i>	<i>(best for contacting)</i>
<b>Your Address (optional)</b>		
<i>(Street / City / State)</i>		
<b>*EXPENSE CATEGORY.</b> If choosing "other", provide justification below in "Description of Expense"		
<b>*DESCRIPTION OF EXPENSE.</b> Provide 1-2 sentence description of seller and the intended use of the service or item to be purchased from the seller. If "other" selected above, also provide justification for this expense (e.g. PTO Meeting Vote including date and reference to meeting minutes)		
<b>ADDITIONAL NOTES (optional).</b> Special need date, preferred contact information (phone if better than email), etc.		
<b>*YOUR SIGNATURE.</b> Check to 'affirm' above information is correct to the best of your knowledge.		
<i>(Affirm)</i>	<i>(Your First Name / Last Name)</i>	<i>(Date of Affirmation)</i>
FOR TREASURER'S USE ONLY: Check # _____ Date _____ Logged _____		
APPROVED BY (PTO OFFICER #1):		
<i>(Affirm)</i>	<i>(First Name / Last Name)</i>	<i>(Date of Affirmation)</i>
APPROVED BY (PTO OFFICER #2):		
<i>(Affirm)</i>	<i>(First Name / Last Name)</i>	<i>(Date of Affirmation)</i>