



Payment Request

Person Requesting Payment _____

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

Applicant _____ **PHS Principal** _____ **Poway High Foundation** _____

Team, Booster or Department Chair Principal Chair or Vice Chair

Approvals - Foundation General Funds

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

Poway High Foundation

Treasurer Chair Vice Chair

Please scan and email to treasurer@powayhighfoundation.org

Treasurer Use

Amount Approved: \$ _____ Date Approved in Minutes by PHF: _____

Budget Category	Amount Paid	Date Paid	Check #
_____	\$ _____	_____	_____