

**Request for Payment**  
Mira Loma High School  
IB Parents Organization

Pay to \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home No. \_\_\_\_\_

\_\_\_\_\_ Other No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Budget Category \_\_\_\_\_

Memo \_\_\_\_\_

Presidents Signature \_\_\_\_\_

- or -

Funding Request Chairperson's Signature \_\_\_\_\_

Description

**ATTACH ALL RECEIPTS TO REQUEST**

Check No. \_\_\_\_\_ Date of Check \_\_\_\_\_