

# Virginia Public School Authority Bond Proceeds Account Requisition from the Principal Subaccount



Questions? Call 1-800-570-7627

Investor Name: \_\_\_\_\_  
(Name that appears on Program records)

TIN #: \_\_\_\_\_  
(Taxpayer Identification Number)

This requisition for payment from the Principal Subaccount of the Proceeds Account is submitted in accordance with the provisions of the Proceeds Agreement among the Virginia Public School Authority ("VPSA"), the undersigned (the "Locality") and the other units of local government signatory thereto, PFM Asset Management LLC, as Investment Manager and Bank of America National Association, as Depository. You are hereby notified that you are authorized and directed by the Locality to pay the following obligation(s) from the Principal Subaccount:

1. VPSA Bond Series: \_\_\_\_\_
2. Requisition Number (Item Number): \_\_\_\_\_
3. Account Number: \_\_\_\_\_
4. The amount to be paid: \_\_\_\_\_
5. Date to be paid: \_\_\_\_\_
6. Please select a transaction type:      ACH      Wire

Send the amount above to the following banking instructions:

Bank Name: \_\_\_\_\_

ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_

Beneficiary Details: \_\_\_\_\_

7. Purpose by general classification for which such obligation was incurred: \_\_\_\_\_
8. The date(s) the expenditure(s) was/were made: \_\_\_\_\_

To reimburse the Locality for costs of the \_\_\_\_\_ School paid by  
the Locality through \_\_\_\_\_, 20 \_\_\_\_ as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of each supporting document (invoice, work order, statement) for which reimbursement is to be made is attached hereto.

The obligation(s) in the stated amount(s) have been paid, and each item thereof is a proper charge against the proceeds of the Locality's Proceeds Account and has not been the subject of a previous withdrawal from the Proceeds Account.

All of which is hereby certified.

**SIGNATURE: (Please have a Contact, who is authorized per Program records to initiate redemptions of shares, sign below.)**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Print or Type Name of Authorized Signatory

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Email Address

**Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.**

**SEND VIA CONNECT:** Log in to Account Access  
*Existing Connect* Click ☒ Secure Contact  
*Users Only* Select file to upload - Send message

**FAX TO:** SNAP Client Services Group  
1-888-535-0120

**MAIL TO:** SNAP Client Services Group  
P.O. Box 11760  
Harrisburg, PA 17108-1760

**PROGRAM USE ONLY**

V2022.03	INITIALS
Processed	
Confirmed	