

Request for Payment or Reimbursement of Funds Form
LCHS 7/8 PTA

Date Requested: _____ Total Amount Requested: _____

Requested by (Name): _____

PTA Position or LCHS Position: _____

Budget Category: _____

Description of Expense / Items purchased: _____

Payee: _____

Address: _____

Phone: _____

Delivery Instructions: Mail _____ PTA Mailbox: _____ Other _____

ORIGINAL BILLS AND/OR RECEIPTS MUST BE ATTACHED!

**DO NOT PURCHASE PERSONAL ITEMS ON THE SAME RECEIPT
RECEIPT MUST CONTAIN PTA PURCHASES ONLY**

Requestor: please leave the space below blank

Approved by: _____ Date: _____

President

Approved by: _____ Date: _____

Recording Secretary

Amount of Check: _____ Date Check Written: _____

Check Number: _____ Budget Account Number: _____

Budget Remaining: _____