

**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*

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

President

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Recording Secretary

Amount of Check: \_\_\_\_\_ Date Check Written: \_\_\_\_\_

Check Number: \_\_\_\_\_ Budget Account Number: \_\_\_\_\_

Budget Remaining: \_\_\_\_\_