

Request for Payment or Reimbursement of Funds Form

LCHS PTSA 9-12

(revised 4/26/2019)

Date Requested: _____ Total Amount Requested: _____

Requested by (Name): _____

PTSA or LCHS Position: _____

Budget Category: _____

Date expenditure approved in budget if NOT in the original slated budget: _____

Description of Expense, Item Purchased:

Payee: _____

Address: _____

Phone: _____

Delivery Instructions: Mail _____ PTA Mailbox: _____ Other: _____

**ORIGINAL BILLS AND/OR RECEIPTS MUST BE ATTACHED
PLEASE 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

Budget Account Number: _____

Budget Remaining: _____

Amount of Check: _____

Check Date: _____

Check Number: _____

Treasurer's Initials: _____