

Request for Payment or Reimbursement of Funds Form
LCHS PTSA

Date Requested: _____ Total Amount Requested: _____

Requested by (Name): _____

PTSA or LCHS Position: _____

Budget Category: _____

Description of Expense, Items Purchased:

Payee: _____

Address: _____

Phone: _____

Date Expenditure Approved. If blank, it was part of the original slated budget. _____

If Requestor is a District employee, please get Principal McFeat's signature before submission.

Approved by Ian McFeat : _____ Date: _____

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: _____
PTSA President

Approved by: _____ Date: _____
PTSA Recording Secretary