

**Mt Lebanon High School PTSA  
FUNDS REQUEST FORM**

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

Date of Request: \_\_\_\_\_

I hereby request funds from the Mt. Lebanon High School PTSA for reimbursement and/or advance.

Project or Committee: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_

Check Payable to: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
(Email address or phone number )

\_\_\_\_\_  
Signature

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Mail or email completed request form with receipts or an itemized list of expenses to:  
Melissa Bailey  
62 Hoodridge Drive  
Pittsburgh PA 15228  
stephen.bailey@mac.com

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For Treasurer's Use Only

Check # \_\_\_\_\_

Paid \_\_\_\_\_