

LINCOLN PTA PAYMENT REQUEST FORM



Completed Form and Receipts to be submitted to the PTA President only

Please complete this form and submit it to the PTA President for approval. Please remember that your expenses should not exceed your Committee's budgeted amount for the year. If you have concerns as to what your budget is, please contact your Committee Chairperson.

Attach your receipt(s), and remember to keep a copy for your records.

Requested by: _____

Today's Date: _____ Date payment is needed by: _____

Make payment to: _____

Physical address for check: _____

OR email for Zelle payment: _____

Activity/Event and Description of Expense	Budget Account	Amount Requested	Invoice/Receipt Attached? Y/N, if No, please explain

Additional Information/Notes (if needed): _____

FOR PTA USE ONLY:

President

Treasurer

Date Paid	Check Number	Budget Account	Amount Paid