



# LINCOLN ELEMENTARY PTA

*Learn Lead Achieve*

## REQUEST FOR PAYMENT FORM

Name of Person Requesting Check		Phone	Date
PTA or Staff Position		Committee or Grade	
Event or Assignment			
Date of Event	Amount Requested \$ _____	Date Needed by _____, 20__	
Description <b>**Attach all invoices and/or receipts on 8 1/2" x 11" paper**</b>			
Check One: <input type="checkbox"/> Mail Check    OR <input type="checkbox"/> Pick up at the front office			
<b>Make Check Payable to:</b> (Name of Person/Company)			
Address			
City	State, Zip	Phone	

Requests received by 2:30 pm Wednesday in Treasurer's Box will be returned by that Friday.  
Please contact Diane Halvorsen at [dphalvorsen@gmail.com](mailto:dphalvorsen@gmail.com) if you do not receive your check.

<b>Approved by:</b> (President's Signature)	(Secretary's Signature)
Check One: <input type="checkbox"/> <b>PTA-FUNDED EXPENSE</b> OR <input type="checkbox"/> <b>STUDENT-FUNDED EXPENSE</b>	

Budget Category	Budgeted Amount	Check #	Amount	Date Ratified
		Date:		