



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 (invoice or receipts must be provided)			
Check One: <input type="checkbox"/> Mail Check OR <input type="checkbox"/> Pick up at the front office			
Make Check Payable to: (Name of Person/Company)			
Address			
City	State, Zip	Phone	

Email this completed form and a scanned copy of receipts in PDF format to:
PTA Treasurer, Sture Davidsson at StureDavidsson@lifegen.net

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

Budget Category	Budgeted Amount	Ccheck #	Amount	Date Ratified
		Date:		