

Lebanon Twp PTA - Check Request Form

Description of super				
Description of expen	ıse			
Date				
Issue to				
Address				
(Note: check will be r	mailed to t	he above address unless sp	ecified differently in t	he below field)
Other Address				
Telephone				
Email				
Requested by				
	(Note: s	ignature of Committee Chairp	erson/Board Member)	
Amount:			(first payment/deposit, if applicable)	
Amount:		Due Date:	(balance	. if applicable)
		101 . 1 1 1	******	٦
	#	or multiple receipts, please Vendor / Store	Amount Amount	-
	 	10		┥
	1		\$	
	2		\$	
	 		\$	_
	2 3 4		\$ \$ \$	_ - -
	2		\$	_
Signature 1:	2 3 4 5	Signa	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Signature 1: (LTPTA Treasurer)	2 3 4 5		\$ \$ \$ \$	
(LTPTA Treasurer) Please note that authorize remain in the budgeted cayote/approval by the LTPT	2 3 4 5	(Authorse (Authorse) (\$ \$ \$ \$ ture 2: porized LTPTA Board Modificient receipts are submit iounts exceeding the budge made.	lember) ted and sufficient funds eted amount will require a
(LTPTA Treasurer) Please note that authorize remain in the budgeted can vote/approval by the LTPT	2 3 4 5	(Authorsessed only if sufficient of the control of	\$ \$ \$ \$ ture 2: forized LTPTA Board Noticent receipts are submitted by the budge and	lember) ted and sufficient funds eted amount will require a