LEBANON TOWNSHIP PTA

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Lebanon Twp PTA - Check Request Form

Committee / Other. _____

Description of expense

_____

Date _____

Issue to _____

Address _____

Telephone _____

Email _____

Requested by _____

(Note: signature of Committee Chairperson/Board Member)

Amount: _____ **Due Date**: _____ **(first payment/deposit, if applicable)**

Amount: _____ **Due Date**: _____ **(balance, if applicable)**

*(**Note: Please submit expenses within 30 days.** Receipts and other supporting documentation equaling the amount requested are required. A check cannot be processed unless all receipts/documentation are attached. For Vendor invoices, please submit 2 copies of the invoice.) Please allow 5 business days for your request to be processed, and allow additional business days for standard mailing services. Please note any invoice deadlines or due dates to ensure that checks are processed and mailed out on time.)*

Note: _____

For multiple receipts, please itemize amounts		
#	**Vendor / Store**	**Amount**
1		$
2		$
3		$
4		$
5		$

Signature 1: _____ **Signature 2:** _____

(LTPTA Treasurer) (Authorized LTPTA Board Member)

Please note that authorized check requests will be processed only if sufficient receipts are submitted and sufficient funds remain in the budgeted category for this activity. Check requests for amounts exceeding the budgeted amount will require a vote/approval by the LTPTA executive board in order for payments to be made.

---------- **Do not write below this line** ----------

Date Received: _____ Check No: _____

Date Payment Issued: _____ QB: _____

2nd payment date issued: _____ 2nd Check No: _____ QB _____