

# LMS PTA Funding Request

Name of Requester/Title: \_\_\_\_\_



Department: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Description of Need	Place of Purchase	Request Amount
*note that sales tax will not be reimbursed		

Signature of Requestor: \_\_\_\_\_

*(below is for Executive Board Review)*

**Review Date: \_\_\_\_\_ Motion: Approved or NOT Approved**

President's Signature: \_\_\_\_\_

1<sup>st</sup> VP's Signature: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

Treasurer's Notes:

Approval Date: \_\_\_\_\_ Date Invoice Received: \_\_\_\_\_

Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount of Check: \_\_\_\_\_

Account to Debit: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_