

Lincroft PTA Payment Request Form

Submit this form to the Treasurer within 10 days of the Expense or Event.

Please attach receipts, invoices, order forms, etc - checks cannot be issued without proper supporting documentation.

Date: _____

Requested By: _____

Committee / Budget Area: _____

Payable To: _____

Amount: _____

Payment Method: ACH Check Other

Reason for Payment: _____

Distribution Method:

Mail Check (provide details below)

Mailing Address: _____

Send to my child's classroom (provide details below)

Child's Name/Teacher: _____

Other (Specify):

For Treasurer Use Only:

Check # _____ Issue Date: _____

Clearance Date: _____ Date Recorded in Excel: _____