LTYFDB PAYMENT REQUEST FORM

Instructions:

- Fill out all sections of the form completely. Please use one form per item you are requesting payment or reimbursement for;
- Attach order form or receipt (costume/registration/other) to request; and
- Check your LTYFDB account balance payments to vendors will not be made if there are not funds to cover the expense unless a difference payment is attached to this request. No exceptions.

| Dancer Name: | |
|--------------------------------------------------------------------------------------|----|
| Parent Name(s): | |
| Phone Number: | |
| Email Address: | |
| Today's Date: | |
| Vendor Name (for a reimbursement, use your name): | |
| What is the Event Name, Item or Type of Purchase? | |
| Balance of Your LTYFDB Account: | \$ |
| Additional Amount Paid to LTYFDB if Account Balance Is Not Sufficient | \$ |
| (A difference payment may be made via cash, money order or check made out to LTYFDB) | |
| Total Payment Amount Requested To Vendor* | \$ |
| | |

Please email the LTYFDB email inbox with any questions about account balances, or to confirm submission of this payment request form.

^{*} Please check your LTYFDB account balance prior to submitting this Payment Request Form. Payments will not be made if there are not funds to cover the expense unless a difference payment is attached to this request. No exceptions.